



# Australasian College for Emergency Medicine



## State of Emergency 2022

Australia

November 2022 Version 1.0

**EMERGENCY**



The Australasian College for Emergency Medicine (ACEM) is the not-for-profit organisation responsible for training emergency physicians and advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand.

Our vision is to be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, evidence-based, patient-centred emergency care.

Our mission is to promote excellence in the delivery of quality emergency care to all of our communities through our committed and expert members.

## Acknowledgement

The Australasian College for Emergency Medicine (ACEM) acknowledges the Wurundjeri people of the Kulin Nation as the Traditional Custodians of the lands upon which our office is located. We pay our respects to ancestors and Elders, past, present and future, for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander peoples of Australia.

In recognition that we are a bi-national College, ACEM acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

## Contacts

For further information on this report:  
Policy, Research and Partnerships Department  
[policy@acem.org.au](mailto:policy@acem.org.au)

Media enquiries:  
Manager - Media Relations  
+61 427 621 857  
[media@acem.org.au](mailto:media@acem.org.au)

Australasian College for Emergency Medicine  
34 Jeffcott Street, West Melbourne  
Victoria, 3003, Australia  
[acem.org.au](http://acem.org.au)  
+61 3 9320 0444

# Contents

|   |    |
|---|----|
| President's Introduction                                | 4  |
| Emergency departments across Australia                  | 6  |
| When are patients arriving?                             | 7  |
| How long are patients staying in emergency departments? | 8  |
| Patient length of stay by hospital peer group           | 10 |
| ACEM accredited emergency departments across Australia  | 13 |
| <br>  |    |
| Australian Capital Territory                            | 17 |
| New South Wales   | 22 |
| Northern Territory                                      | 28 |
| Queensland  | 34 |
| South Australia   | 40 |
| Tasmania  | 46 |
| Victoria  | 52 |
| Western Australia                                       | 58 |
| <br>  |    |
| Summary   | 64 |
| What we need  | 65 |
| References and Acknowledgements                         | 66 |



## President's Introduction

It is no secret that the acute health system, across Australia, is in a state of emergency.

Emergency department overcrowding, ambulance ramping, overly long waits for care, burnt out healthcare workers leaving the sector, and adverse outcomes for patients – including avoidable deaths – are becoming 'normal'.

Let me be clear: this absolutely isn't normal, nor safe – but it can be fixed.

However, before we can fix a problem, we must first understand it.

*State of Emergency 2022 (SOE22)* is ACEM's inaugural annual report that presents the numbers behind the healthcare crisis. It is concrete data, gathered from across each of Australia's states and territories during 2020 – 2021, and carefully collated and analysed.

It is the inarguable proof of what ACEM has been saying – with increasing urgency – for a very long time; the health system in Australia has never been in a worse state. There have never been more people requiring acute healthcare, people have never had such complex health needs and the health system has never been so strained. It is bad everywhere, but it is worse in rural, regional and remote areas.

If you need emergency care in Australia right now, you will wait longer than ever before. If you need to be admitted to hospital, you are more likely than ever before to get stuck in the emergency department due to a lack of hospital beds, or a lack of appropriate, accessible support in disability or aged care. But you don't need me to tell you this, the data speaks for itself:

In 2020-21, Australia had 8.8 million presentations to emergency departments. This is the highest number of annual presentations ever recorded.

Also, in the past five years, demand for emergency care has risen 14%, despite the population growing only 5%. In this same time, available hospital beds have decreased by 4%.

To summarise, this simply means there are more sick people, who are sicker than ever before, but there is less space and staff to care for them. The numbers validate the experiences of emergency physicians and trainees, who increasingly report difficulty providing timely and dignified care to patients presenting to emergency departments.

Finally, in 2020-21, most Australians who came to an emergency department and were sick or injured enough to require admission got stuck waiting in the emergency department an average of almost 13 hours for an inpatient bed. We know this causes harm to patients and to the healthcare workers who treat them.

While these problems are deeply complex, and interconnected, at the same time the situation is frustratingly simple: there are too many sick and injured people, and not enough resources and trained staff, for people to get the affordable and accessible acute care they need, when and where they need it.

So where to from here?

We can't fix this alone. The emergency department is just one part of a complex and increasingly fragmented health system that must be reimagined, reformed and integrated.

It is the College's aim that *SOE22* will inform us, and guide us, as we work collaboratively with government, other Colleges and health services, as well as patients and carers and all other stakeholders across the health system, on the creation of an equitable health future, for everyone.



**Dr Clare Skinner**  
President



FACEM QUOTED FROM THE  
2019 SUSTAINABLE WORKFORCE SURVEY REPORT

“Over the two decades I have been working in emergency departments, the state of EDs has changed dramatically. Each year there are more presentations, access block continues to worsen, staffing levels do not increase enough to deal with the increasing workload, administrative targets become more unrealistic, we deal with more violence, there is no time to eat/go to the toilet or take time to teach on a shift.”



IMAGE: ACEM

Access block refers to people who have been assessed in the emergency department and require admission to a hospital bed, whose total time within the emergency department has exceeded eight hours. Based on recent research, ACEM recommends that at least 90 per cent of people requiring hospital admission should be admitted to hospital within eight hours of presenting to an emergency department.

ACEM is committed to working with governments, hospitals and health systems to find solutions to access block using data-driven analysis and with a focus on appropriate system resourcing.

Learn more at [acem.org.au/access-block](https://acem.org.au/access-block)

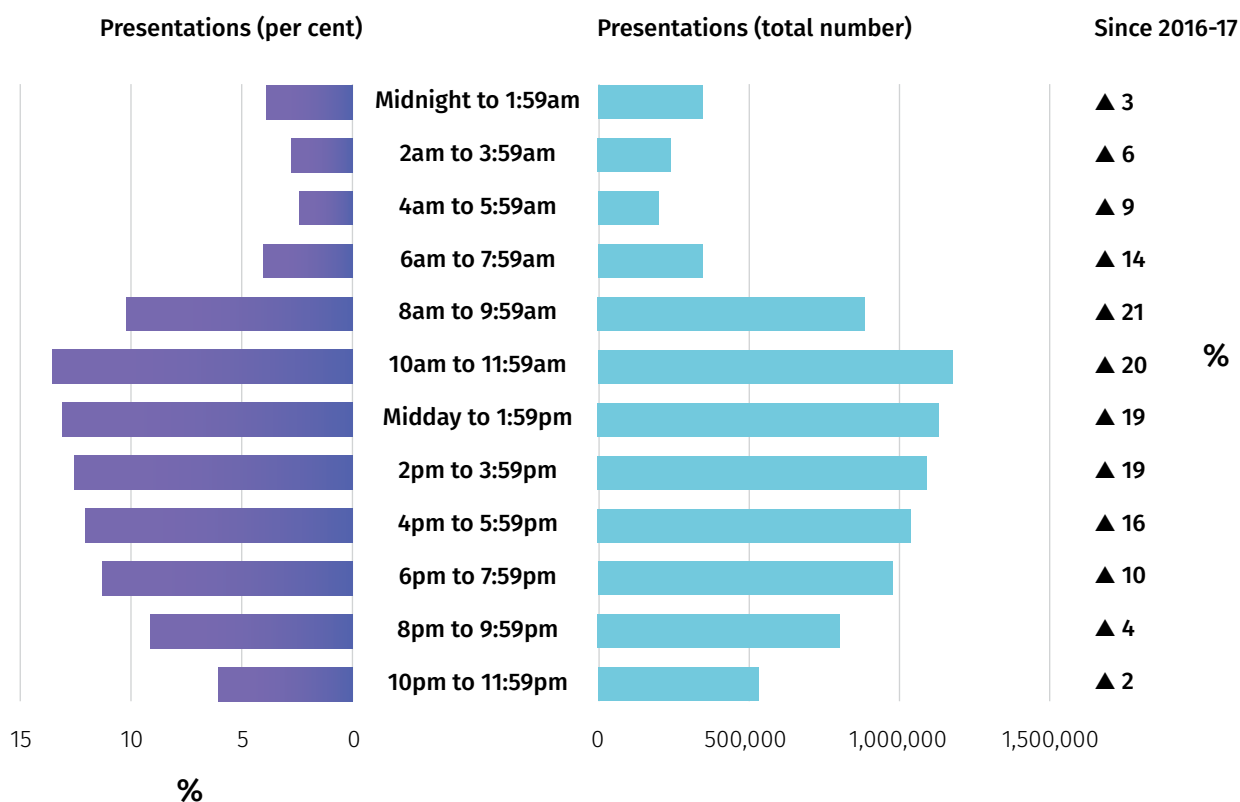
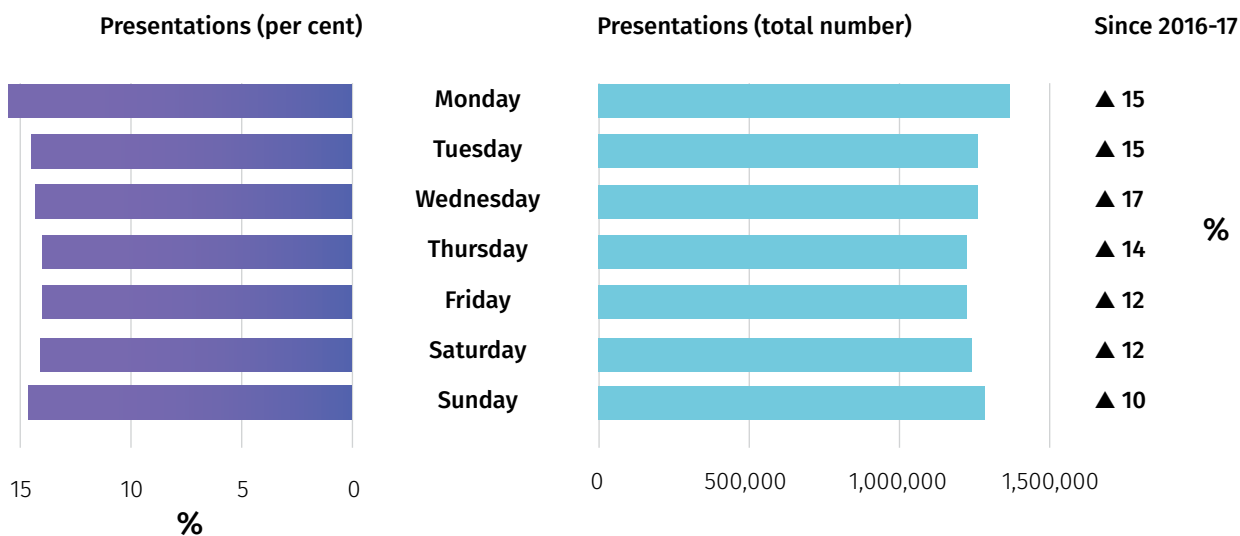
# Emergency departments across Australia

Public hospital emergency departments are busier than ever before. Across Australia, 2020-21 saw the highest number of presentations ever recorded (343 presentations per 1,000 population, equivalent to over 8.8 million total presentations). Since 2016-17, the increase in emergency department presentations (14 per cent increase) has exceeded population growth (five per cent increase).



# When are patients arriving?

Across Australia in 2020-21 the highest number of public hospital emergency department presentations occurred on a Monday. The greatest number of emergency department presentations occurred between 10am to 11:59am. However, 39 per cent of all emergency department presentations occurred between 6pm and 7:59am (outside of standard hospital business hours).



# How long are patients staying in emergency departments?

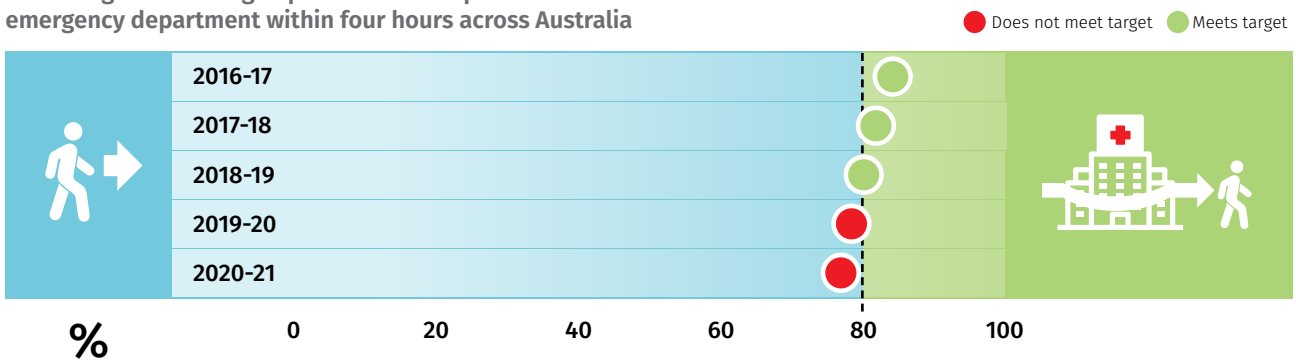
In 2011 the Australian Government introduced the National Emergency Access Target (NEAT), which aimed to have 90 per cent of all patients departing the emergency department within four hours of arrival. However, the NEAT does not recognise the marked differences and complexities between emergency department patients that are discharged home and emergency department patients that need to be admitted to hospital. ACEM recognises the different patient journeys, and has recommended a set of [Hospital Access Targets](#) which reflect these differences:

- for discharged patients (patients not subsequently admitted to hospital), at least 80 per cent should have an emergency department length of stay no greater than four hours.
- for admitted patients (patients subsequently admitted to hospital), at least 60 per cent should have an emergency department length of stay no greater than four hours.

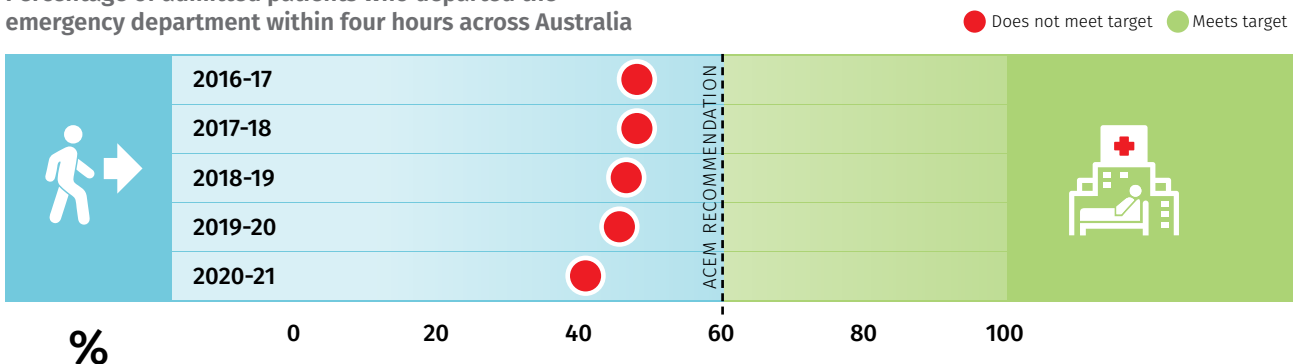
## ACEM recommendation for the percentage of patients departing the emergency department within four hours

While public hospital emergency departments across Australia were meeting ACEM's recommendation for discharged patients in 2016-17, this has been progressively decreasing, with 77 per cent of all discharged patients departing the emergency department within four (4) hours in 2020-21. In contrast, public hospital emergency departments have been unable to meet ACEM's recommended target for admitted patients, with 42 per cent of all admitted patients departing the emergency department within four (4) hours in 2020-21.

Percentage of discharged patients who departed the emergency department within four hours across Australia



Percentage of admitted patients who departed the emergency department within four hours across Australia



# How long are patients staying in emergency departments?

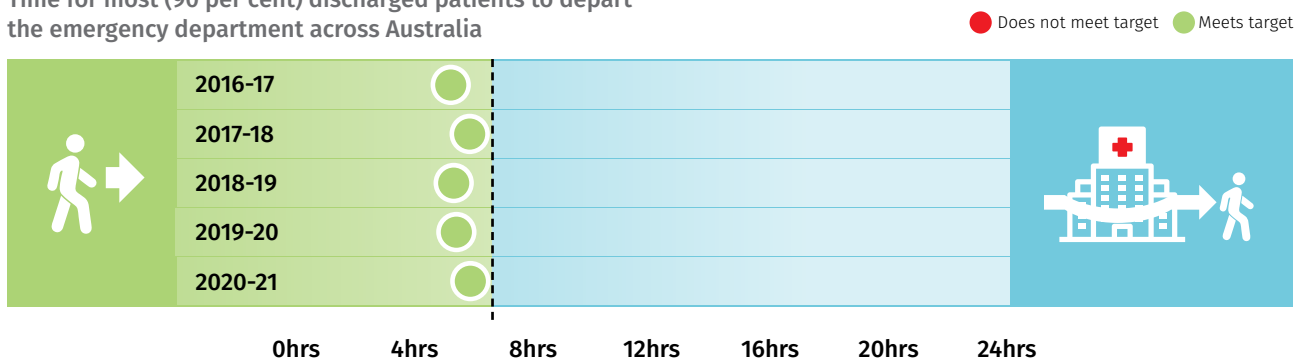
The need to understand the complexity of patient needs, and the diverse pathways patients may take following attendance at emergency department, is evident in the time it takes for most (90 per cent) patients to leave public hospital emergency departments.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

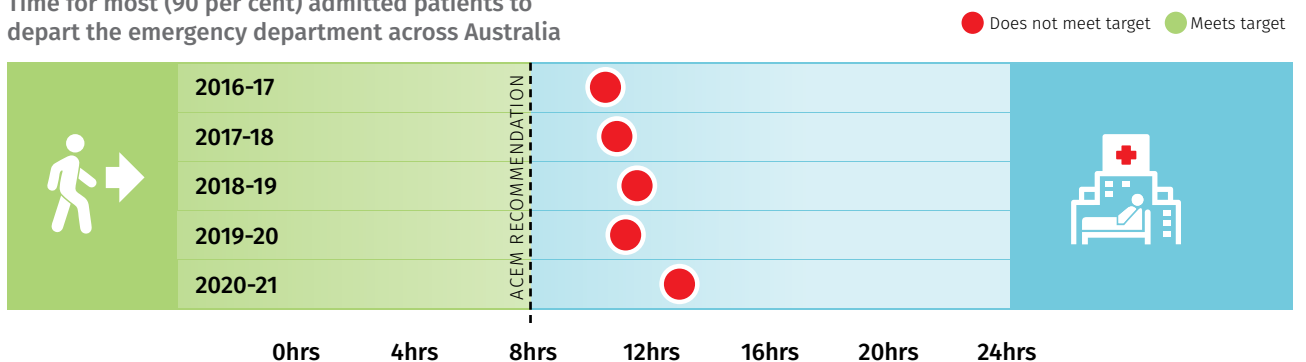
For discharged patients (patients not subsequently admitted to hospital), it took five hours 53 minutes for most (90 per cent) patients to leave the emergency department in 2020-21. In contrast, it took 12 hours 57 minutes for most (90 per cent) admitted patients (patients subsequently admitted to hospital) to leave - over two times longer than discharged patients.

From 2016-17 to 2020-21, the time for most (90 per cent) discharged patients to depart the emergency department has been within ACEM's recommended Hospital Access Targets. However, this was not the case for admitted patients. This is not due to the inability of emergency departments to provide timely care to these patients. Rather, this is due to a lack of space in hospitals to admit new patients to wards from the emergency department, which contributes towards the biggest pressures in the emergency department - access block and overcrowding.

Time for most (90 per cent) discharged patients to depart the emergency department across Australia



Time for most (90 per cent) admitted patients to depart the emergency department across Australia





# Patient length of stay by hospital peer group

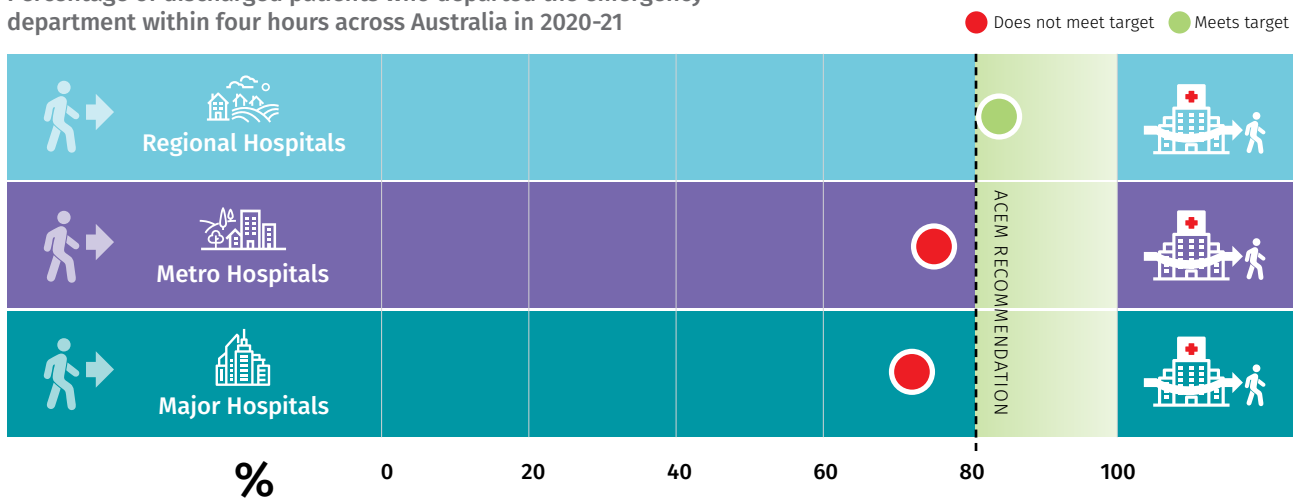
Just as all emergency department patients are not the same, not all public hospital emergency departments are the same. Peer group comparisons allows for analysis across similar hospitals based on shared characteristics.

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

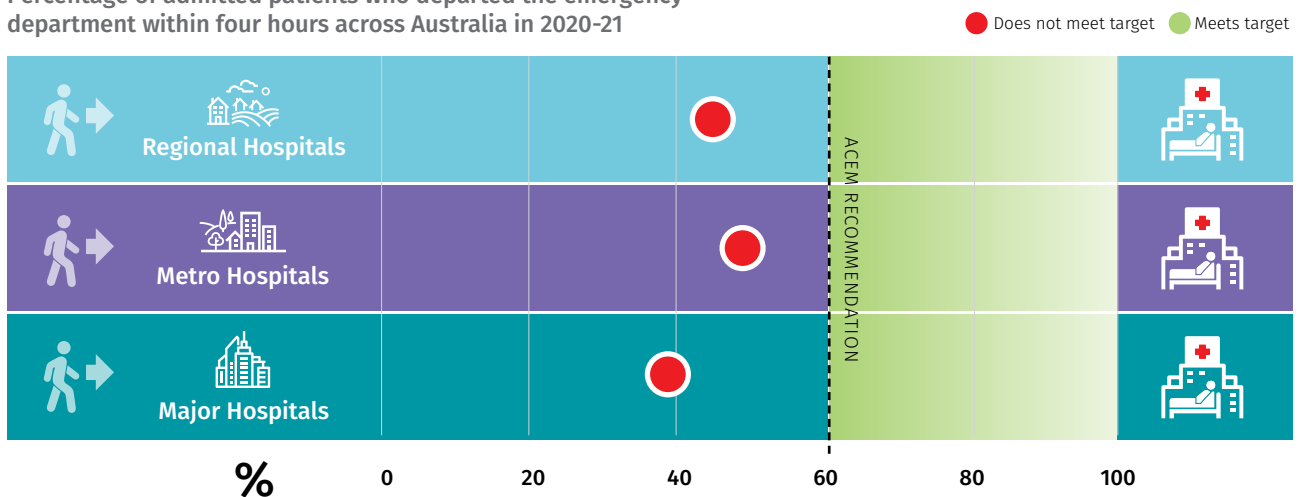
For discharged patients, only emergency departments in regional hospitals were able to meet ACEM's recommended target, with 82 per cent of all discharged patients departing within four hours in 2020-21. Emergency departments in metropolitan hospitals (75 per cent) and in major hospitals (73 per cent) were unable to meet ACEM's target for discharged patients.

In contrast, no hospital peer group met ACEM's recommended target for admitted patients. Emergency departments in regional hospitals (43 per cent), metropolitan hospitals (48 per cent), and major hospitals (39 per cent) did not meet ACEM's recommended target for admitted patients departing the emergency department within four hours in 2020-21.

Percentage of discharged patients who departed the emergency department within four hours across Australia in 2020-21



Percentage of admitted patients who departed the emergency department within four hours across Australia in 2020-21



# Patient length of stay by hospital peer group

Peer group comparisons also allows for analysis across similar hospitals based on shared characteristics when it comes to the time for most (90 per cent) patients to depart the emergency department. Compared to discharged patients, it took more than five hours longer for most (90 per cent) admitted patients to depart the emergency department across all peer groups in 2020-21.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

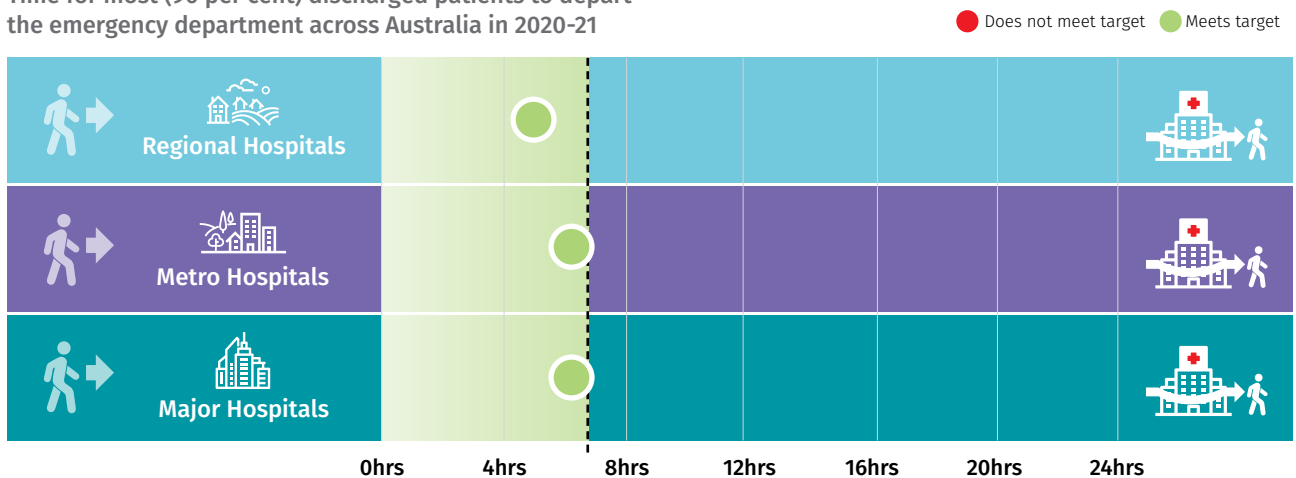
**For discharged patients (patients not subsequently admitted to hospital) in 2020-21 it took:**

- Five hours 13 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- Six hours 14 minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- Six hours 15 minutes for most (90 per cent) patients to leave major hospital emergency departments.

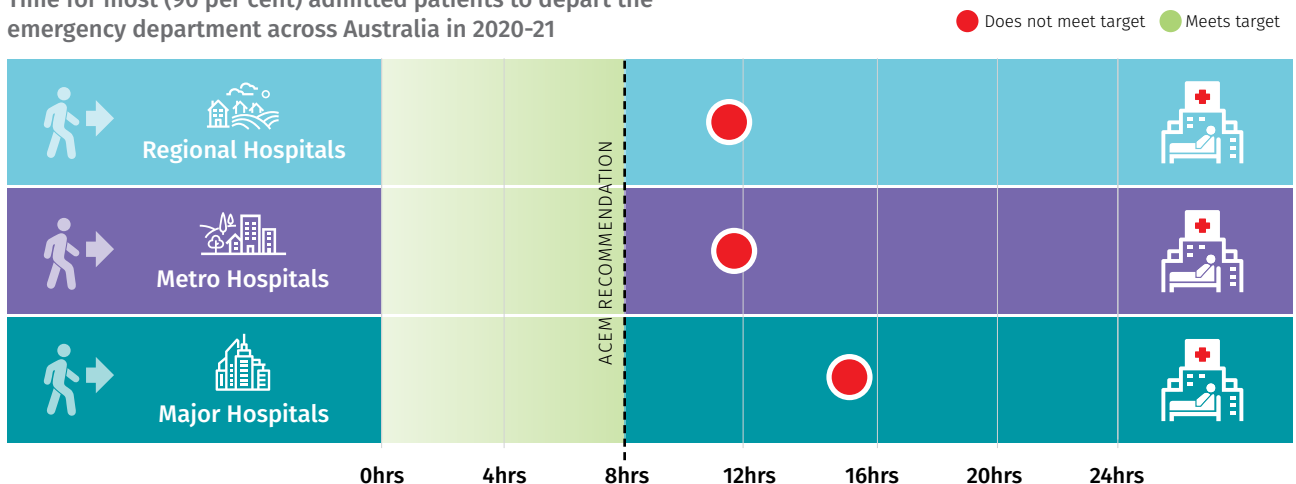
**For admitted patients (patients subsequently admitted to hospital) in 2020-21 it took:**

- 11 hours 31 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- 11 hours 34 minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- 13 hours 50 minutes for most (90 per cent) patients to leave major hospital emergency departments.

Time for most (90 per cent) discharged patients to depart the emergency department across Australia in 2020-21



Time for most (90 per cent) admitted patients to depart the emergency department across Australia in 2020-21



FACEM TRAINEE QUOTED FROM THE  
2019 SUSTAINABLE WORKFORCE SURVEY REPORT

“*The current stresses of overcrowding, inadequate staffing and access block make the job difficult and I cannot sustain this for much longer.*”

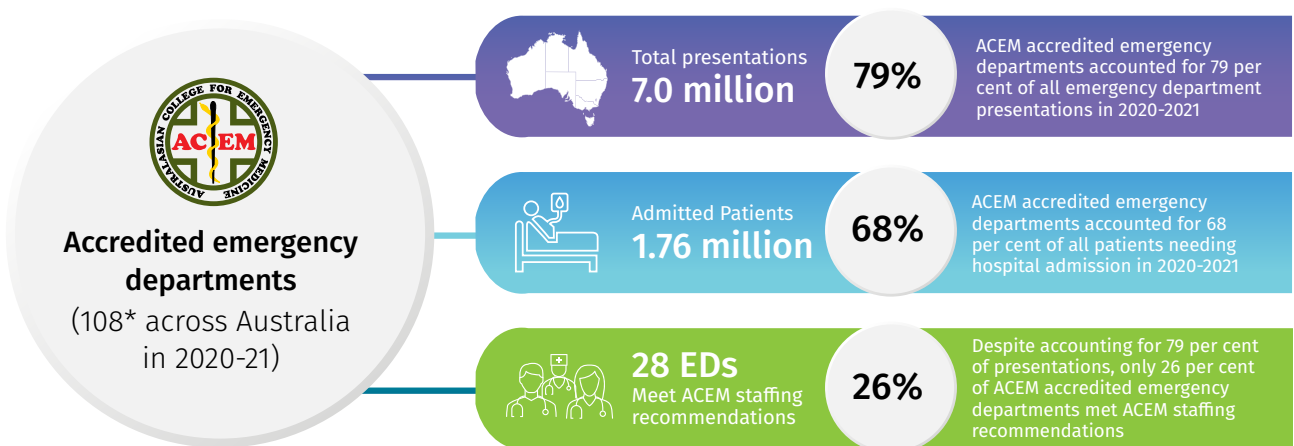
IMAGE: ACEM

# ACEM accredited emergency departments across Australia

**ACEM accredited emergency departments provide emergency medicine training. In 2020-21, ACEM accredited public hospital emergency departments accounted for 79 per cent of all presentations across Australia. There were 117 ACEM accredited emergency departments in 2020-21, however, of those that could be assessed, only 26 per cent met ACEM's minimum recommendation for a senior emergency medicine workforce.**

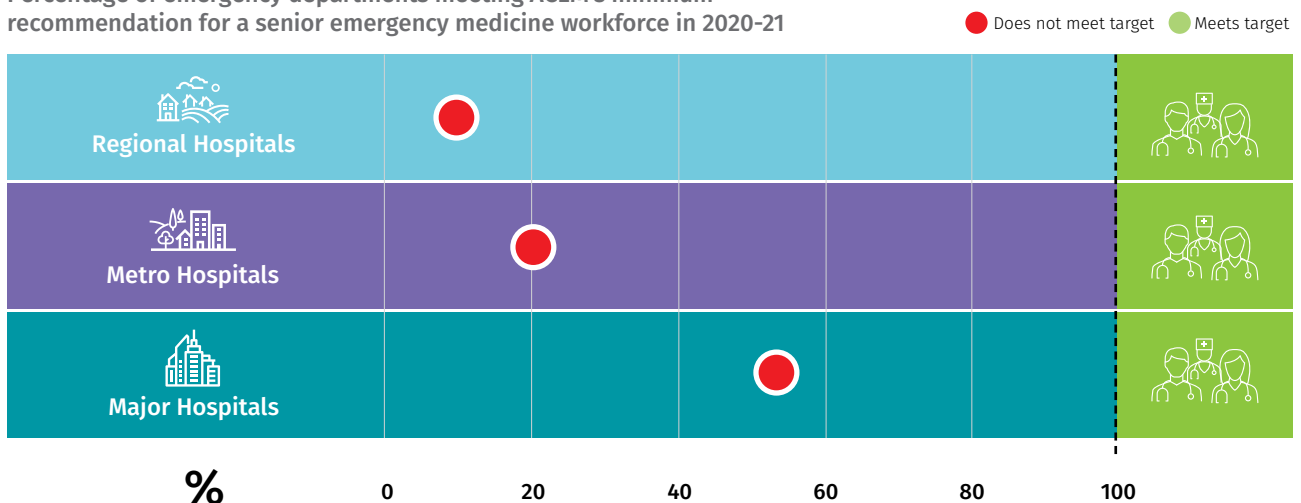
When looking across public hospital peer groups across Australia in 2020-21, 55 per cent of major hospital emergency departments, 21 per cent of metropolitan hospital emergency departments, and nine per cent of regional hospital emergency departments met ACEM's

minimum recommendation. Health administrators have a duty to ensure that emergency department staffing allows for the delivery of high-quality patient care, and high-quality training to the next generation of emergency medicine specialists.



\* excludes six specialist and three other public hospital emergency departments that could not be assessed against ACEM's recommendation

Percentage of emergency departments meeting ACEM's minimum recommendation for a senior emergency medicine workforce in 2020-21





FELLOW OF ACEM QUOTED FROM THE  
2021 NEW FACEMS EARLY CAREER SURVEY



**“**... the key thing is continuing to advocate for adequate staffing in [emergency departments] so that on the floor education can be delivered. We can provide as many resources as we like, but nothing really replaces these on the floor discussions and opportunities. **”**

IMAGE: ACEM



FELLOW OF ACEM

“Left before treatment is also an important part of the story. It shows that the system is not really coping and people are beginning to vote with their feet. There is risk because it is likely that at least some of these people should have stayed for treatment and had a worse outcome than they would have if the system was working as it should.”



IMAGE: ACEM

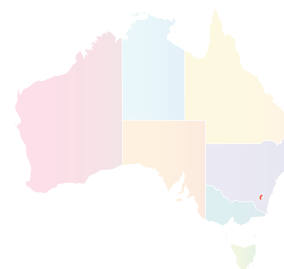
QUOTED FROM RADIO INTERVIEW WITH MS TIGGAMAN WAITING IN AMBULANCE WITH 93 YEAR OLD MOTHER.  
[HTTPS://WWW.ABC.NET.AU/NEWS/2021-05-10/SA-PATIENT-RAMPED-OUTSIDE-RAH/100128170](https://www.abc.net.au/news/2021-05-10/sa-patient-ramped-outside-rah/100128170)



“ We couldn't go to the Queen Elizabeth because they've been ramping since 5am. We have been waiting here for 3 hours ... I'm at the Royal Adelaide Hospital and I can count 1, 2, 3, 4, 5, 6, 7, 8 [ramped ambulances] one is with my mother - 93 - she can't breathe very well and is feeling really bad, she's got to wait out here. Last time we were here we waited for 2.5 hours. ”

IMAGE: ANNALISA TIGGEMANN

**Ambulance ramping provides a key performance indicator to health system managers and hospital management on the prevalence of access block and emergency department overcrowding. When inpatient hospital services are unable to meet demand, patients remain in the emergency department, which reduces the capacity of the hospital to accept new patients, including ambulance arrivals. When this occurs, hospital management must respond.**



## Australian Capital Territory

Across public hospital emergency departments in the Australian Capital Territory (ACT) there were 360 presentations per 1,000 population (over 153,000 total presentations) in 2020-21, the highest number of presentations ever recorded. Over one third (34 per cent) of all emergency department presentations required hospital admission - the second highest proportion across all Australian States and Territories.



### People presenting with mental health or behavioural problems

Have increased from **13** per day across the ACT in 2016-17 to **15** per day in 2020-21, accounting for **four per cent** of all emergency department presentations.



### Presentations by Aboriginal and Torres Strait Islander people

In the ACT, Aboriginal and Torres Strait Islander people were more likely to access emergency department services in 2020-21, accounting for **three per cent** of the total population yet representing **four per cent** of all emergency department presentations.



### Left before treatment

In the ACT, **seven per cent** of all people coming to emergency departments either did not wait for treatment or left at their own risk in 2020-21, a **74 per cent** increase from 2016-17.



### Aged over 65

In the ACT, people aged 65 or older are more likely to access emergency department services, accounting for **17 per cent** of the total population yet representing **21 per cent** of all presentations in 2020-21.



### Hospital admission

**34 per cent** of all presentations required hospital admission in 2020-21, and it took over **12 hours** for most (90 per cent) admitted patients to depart the emergency department. Based on the latest research, ACEM recommends that 90 per cent of patients who require hospital admission should spend no more than eight hours in an emergency department.



### Available beds

Between 2016-17 and 2020-21, the number of emergency department presentations per 1,000 population requiring hospital admission increased by six per cent. Over the same period, the number of available public hospital beds per 1,000 population did not change.



# How long are ACT patients staying in emergency departments?

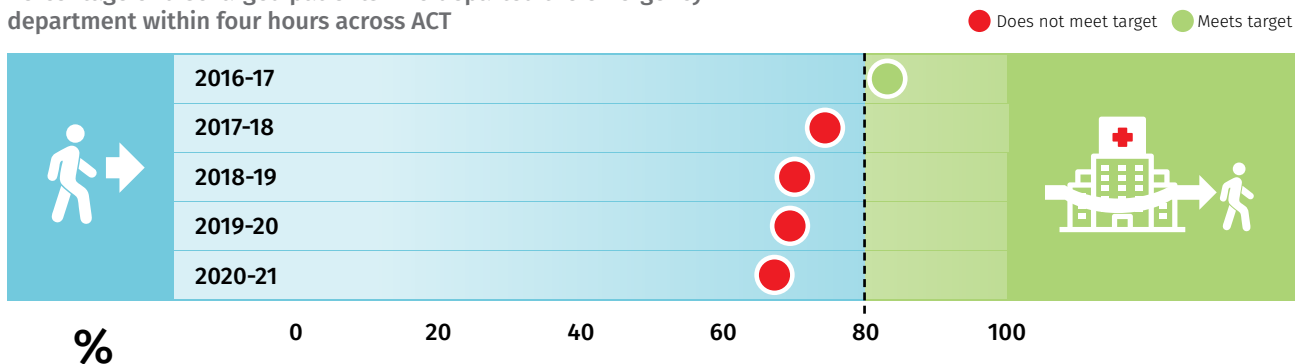
Across public hospital emergency departments in the ACT, the time that patients spend within emergency departments has increased from 2016-17 to 2020-21. The emergency department length of stay for patients who require admission to hospital is twice as long than it is for those who were discharged (not subsequently admitted to hospital).

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

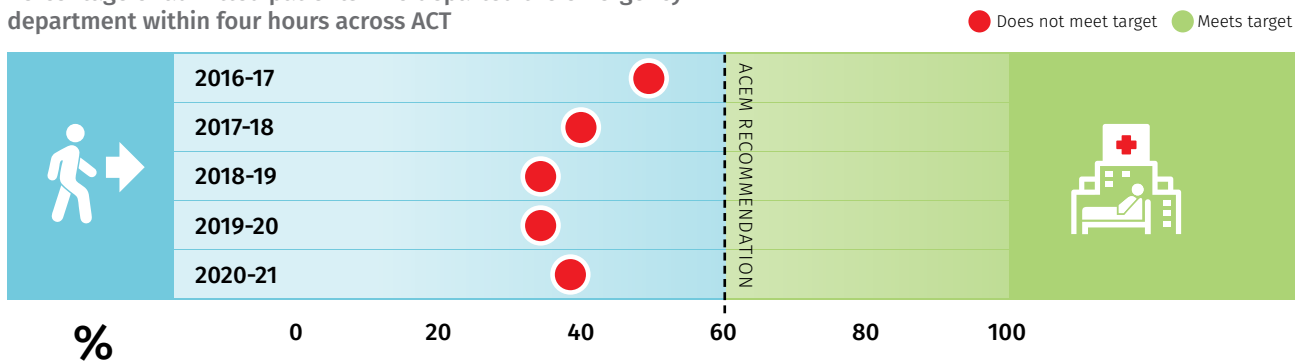
In the ACT, emergency departments were meeting ACEM's recommendation for discharged patients in 2016-17, with 83 per cent of all discharged patients departing the ED within four hours of arrival. In 2020-21 this percentage had decreased, with 66 per cent of all discharged patients departed the ED within four hours of arrival.

For admitted patients, 38 per cent departed the emergency department within four hours of arrival in 2020-21, a decrease from 51 per cent in 2016-17. From 2016-17 through to 2020-21, ACT emergency departments were not able to meet ACEM's recommended target for admitted patients departing the ED within four hours of arrival.

Percentage of discharged patients who departed the emergency department within four hours across ACT



Percentage of admitted patients who departed the emergency department within four hours across ACT



# Time for most ACT patients to leave the emergency department

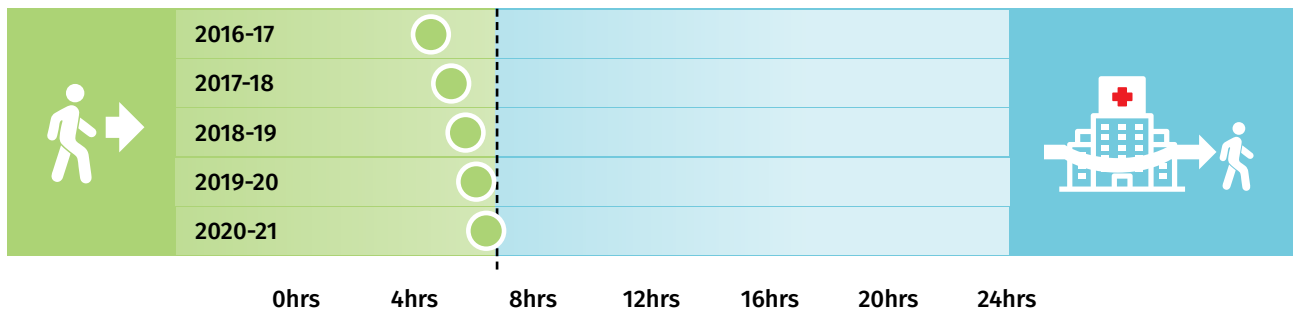
Across ACT public hospital emergency departments there was a marked difference in the time taken for most (90 per cent) discharged patients to depart the emergency department when compared to patients requiring hospital admission from the emergency department.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

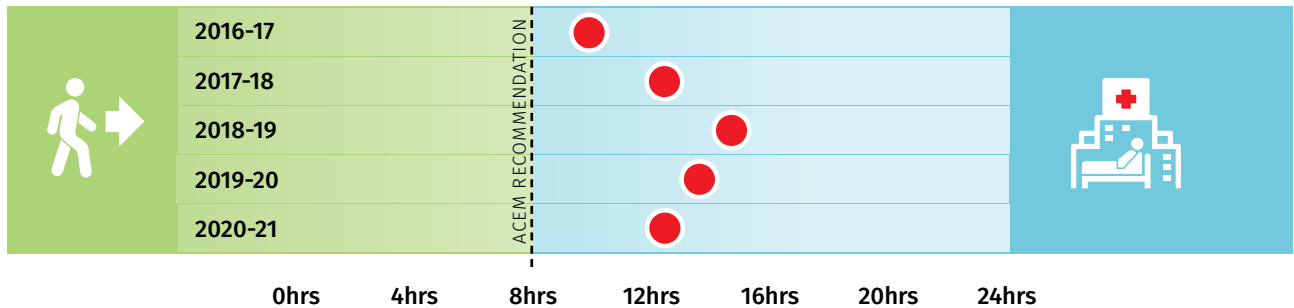
For discharged patients (patients not subsequently admitted to hospital), it took six hours 30 minutes for most (90 per cent) patients to leave the emergency department in 2020-21. In contrast, for admitted patients (patients subsequently admitted to hospital) it took 12 hours 18 minutes for most (90 per cent) patients to leave the emergency department - almost twice as long than discharged patients.

From 2016-17 to 2020-21, ACT emergency departments met ACEM's recommended Hospital Access Target for most (90 per cent) discharged patients to depart the emergency department. However, no ACT emergency departments have been able to meet ACEM's recommended Hospital Access Target for most (90 per cent) admitted patients to depart the emergency department during this time.

Time for most (90 per cent) discharged patients to depart the emergency department across ACT



Time for most (90 per cent) admitted patients to depart the emergency department across ACT





# ACT patient length of stay, by hospital peer group

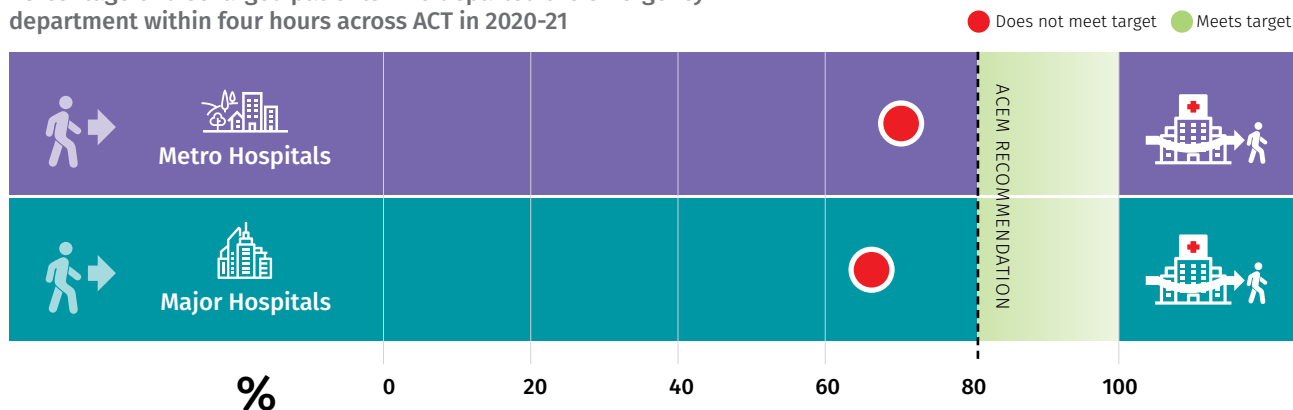
Just as all emergency department patients are not the same, not all public hospital emergency departments are the same. Peer group comparisons allows for analysis across similar hospitals based on shared characteristics.

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

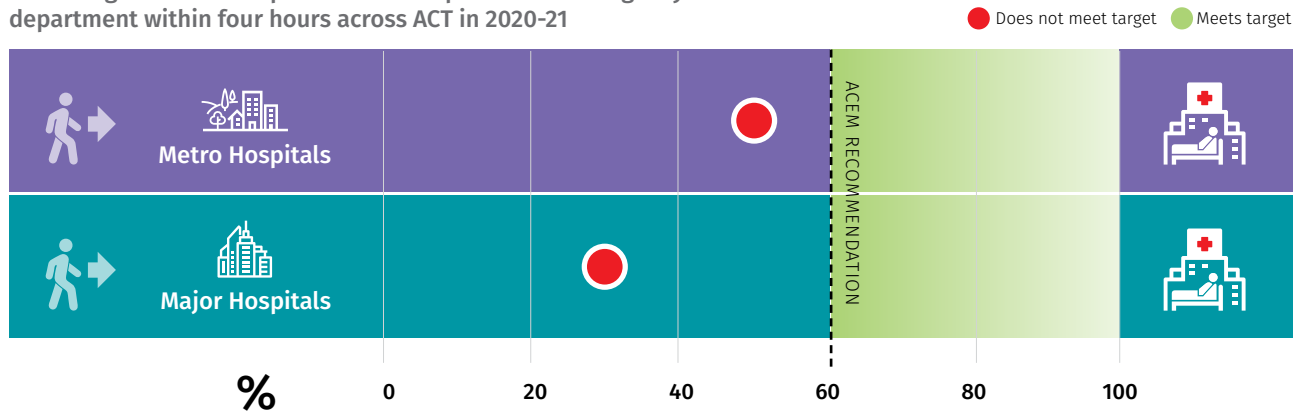
For discharged patients, neither the metropolitan hospital (69 per cent) or major hospital (65 per cent) was able to meet ACEM’s target for discharged patients departing the emergency department within four hours in 2020-21.

Likewise, for admitted patients the metropolitan hospital (51 per cent) or major hospital (31 per cent) did not meet ACEM’s recommended target for admitted patients departing the emergency department within four hours in 2020-21.

Percentage of discharged patients who departed the emergency department within four hours across ACT in 2020-21



Percentage of admitted patients who departed the emergency department within four hours across ACT in 2020-21



# ACT patient length of stay, by hospital peer group

Peer group comparisons also allows for analysis across similar hospitals based on shared characteristics when it comes to the time for most (90 per cent) patients to depart the emergency department. Across all ACT hospital peer groups, it took more than five hours longer for most (90 per cent) admitted patients to depart the emergency department in 2020-21.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

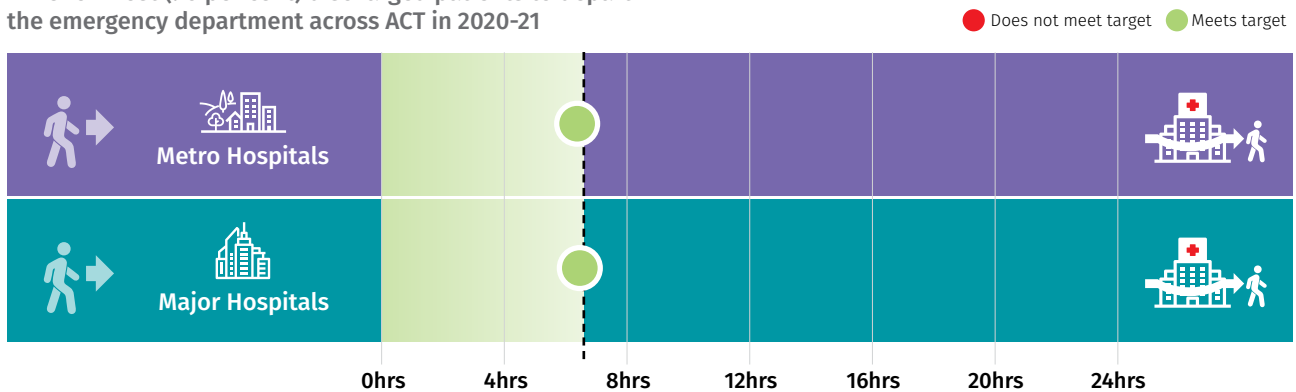
**For discharged patients (patients not subsequently admitted to hospital) in 2020-21 it took:**

- Six hours 26 minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- Six hours 33 minutes for most (90 per cent) patients to leave major hospital emergency departments.

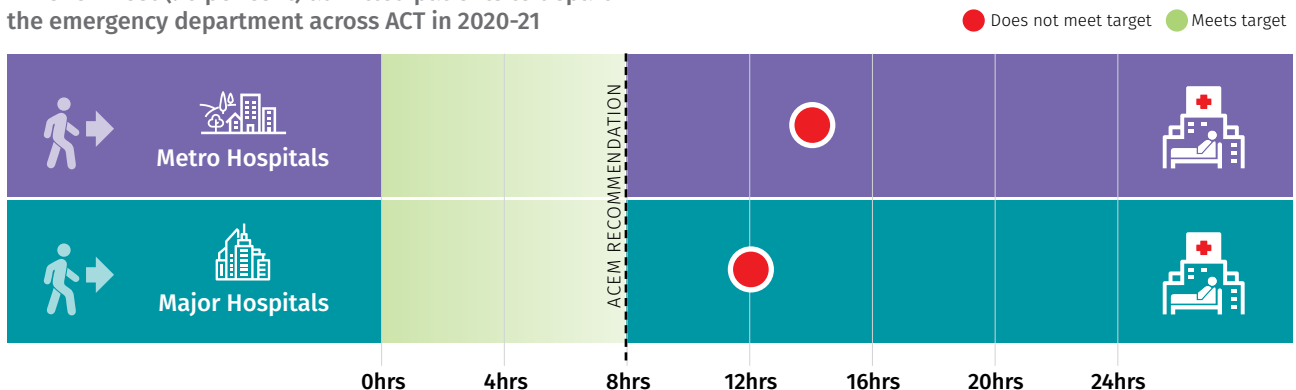
**For admitted patients (patients subsequently admitted to hospital) in 2020-21 it took:**

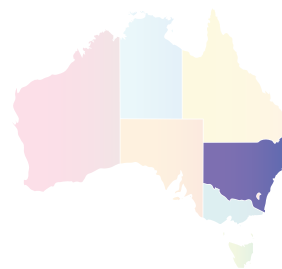
- 13 hours 43 minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- 11 hours 52 minutes for most (90 per cent) patients to leave major hospital emergency departments.

Time for most (90 per cent) discharged patients to depart the emergency department across ACT in 2020-21



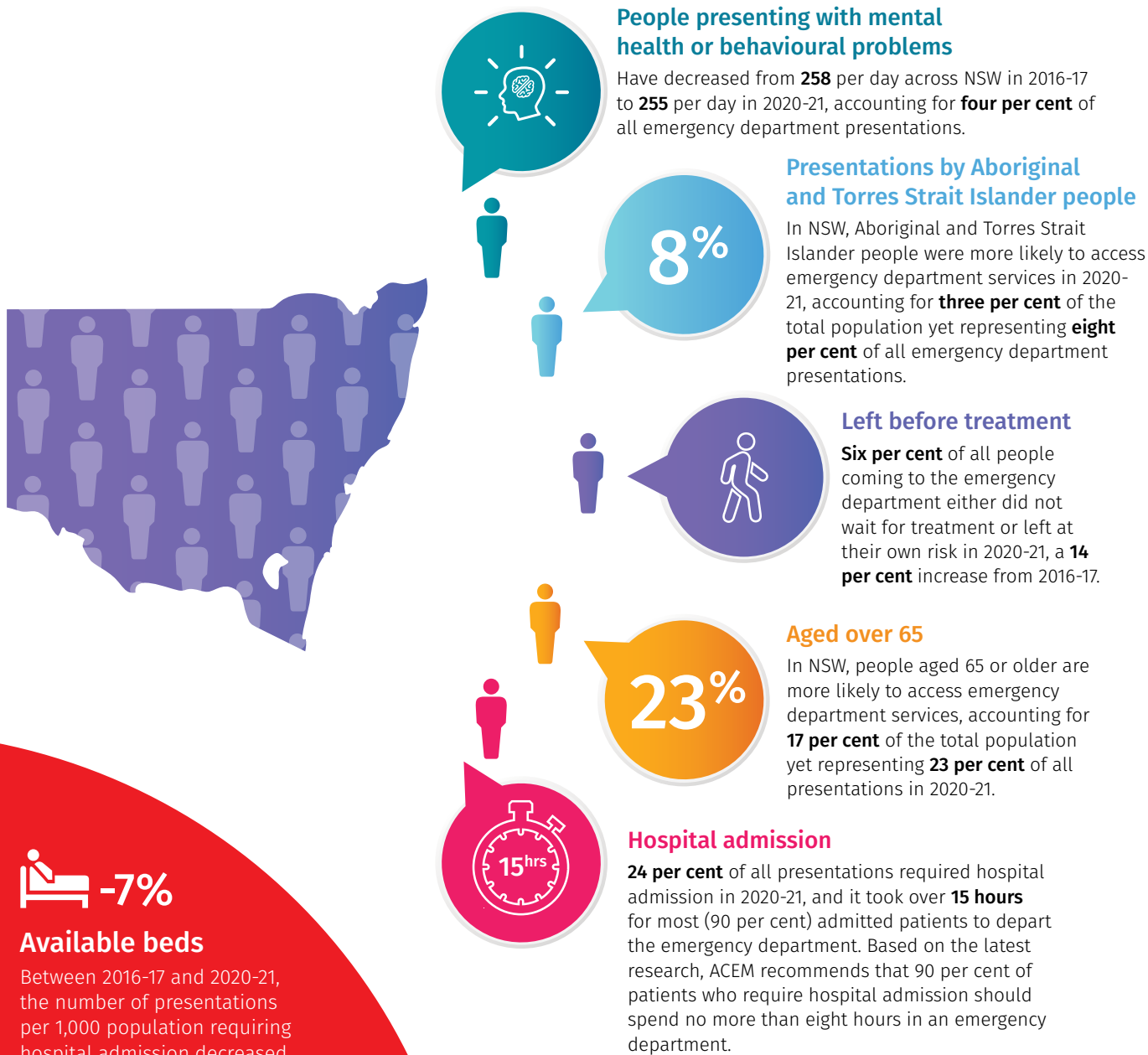
Time for most (90 per cent) admitted patients to depart the emergency department across ACT in 2020-21





## New South Wales

Across public hospital emergency departments in New South Wales (NSW) there were 372 presentations per 1,000 population (over three million total presentations) in 2020-21, a 10 per cent increase since 2016-17 that has exceeded population growth (5 per cent since 2016-17). Almost one quarter (24 per cent) of all emergency department presentations required hospital admission in 2020-21.



# How long are NSW patients staying in emergency departments?

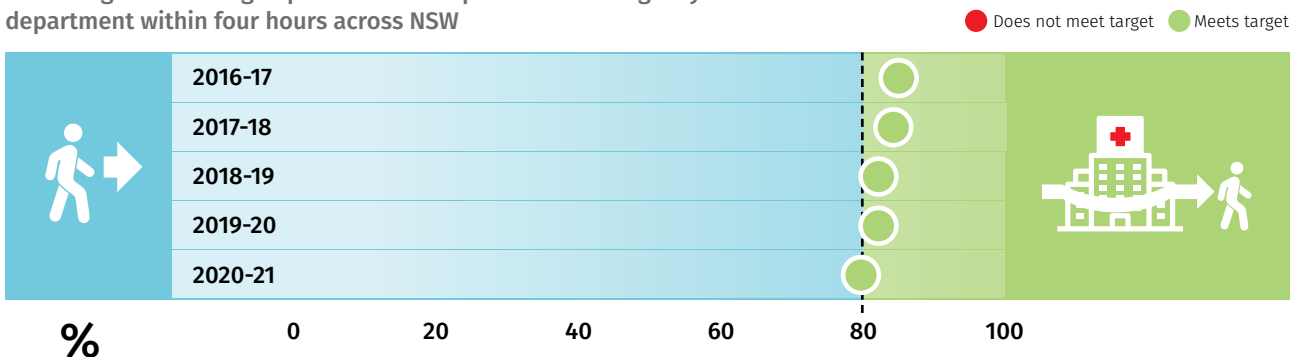
Across public hospital emergency departments in NSW, the time that patients spend within emergency departments has been progressively increasing from 2016-17 to 2020-21. In 2020-21, the emergency department length of stay for patients who required admission to hospital was almost three times longer than it was for those who were discharged (not subsequently admitted to hospital).

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

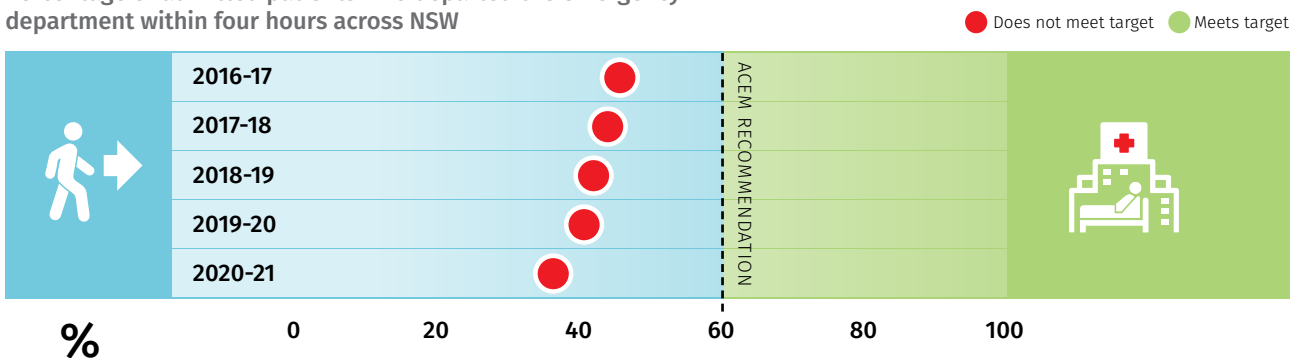
In NSW, the percentage of discharged patients departing the emergency department within four hours of arrival has been progressively decreasing. However, emergency departments have met ACEM’s recommendation for discharged patients from 2016-17 to 2020-21, with 80 per cent of all discharged patients departing the emergency department within four hours of arrival in 2020-21.

For patients subsequently admitted to hospital in NSW, 36 per cent departed the emergency department within four hours of arrival in 2020-21, a decrease from 44 per cent in 2016-17. From 2016-17 through to 2020-21, NSW emergency departments were not able to meet ACEM’s recommended target for admitted patients departing the emergency department within four hours of arrival.

Percentage of discharged patients who departed the emergency department within four hours across NSW



Percentage of admitted patients who departed the emergency department within four hours across NSW



# How long are NSW patients staying in emergency departments?

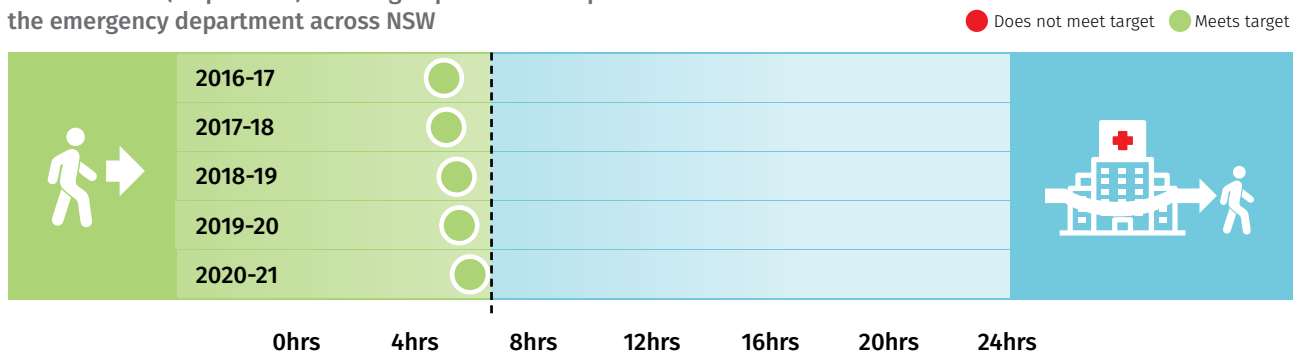
Across NSW public hospital emergency departments there was a marked difference in the time taken for most (90 per cent) discharged patients to depart the emergency department when compared to patients requiring hospital admission from the emergency department.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

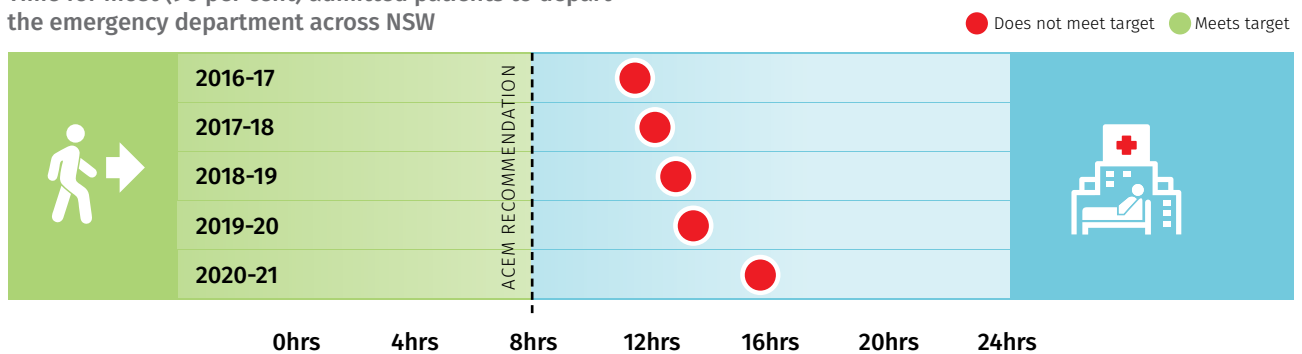
For discharged patients (patients not subsequently admitted to hospital), it took five hours 37 minutes for most (90 per cent) patients to leave the emergency department in 2020-21. In contrast, for admitted patients (patients subsequently admitted to hospital) it took 15 hours 25 minutes for most (90 per cent) patients to leave the emergency department - almost three times longer than discharged patients.

From 2016-17 through to 2020-21, NSW emergency departments were able to meet ACEM's recommended Hospital Access Target for most (90 per cent) discharged patients to depart the emergency department. In contrast, NSW emergency departments were not able to meet ACEM's recommended Hospital Access Target for most (90 per cent) admitted patients to depart the emergency department.

Time for most (90 per cent) discharged patients to depart the emergency department across NSW



Time for most (90 per cent) admitted patients to depart the emergency department across NSW





# NSW patient length of stay, by hospital peer group

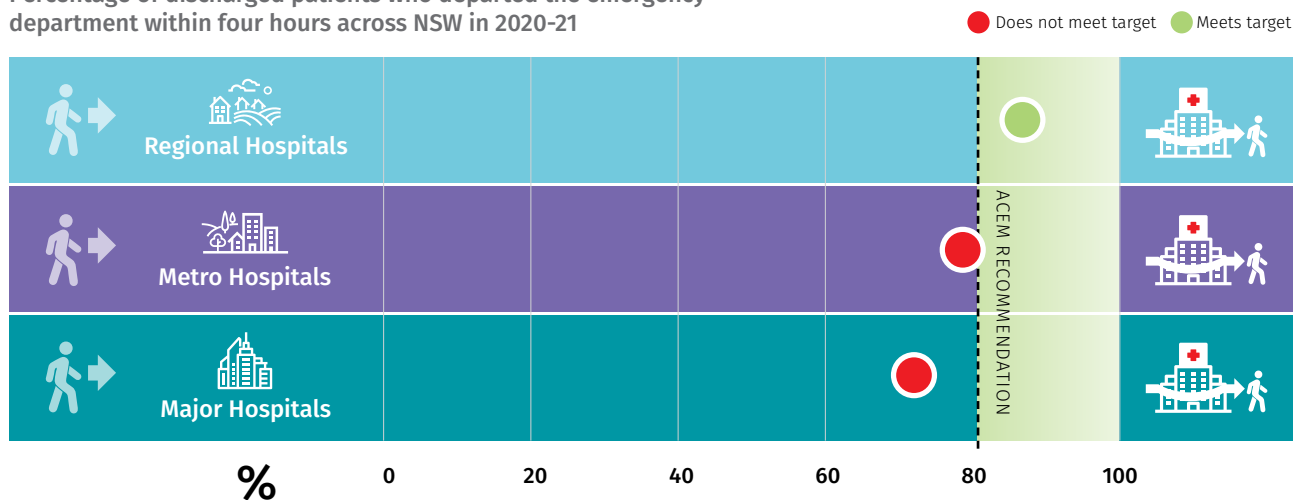
Just as all emergency department patients are not the same, not all public hospital emergency departments are the same. Peer group comparisons allows for analysis across similar hospitals based on shared characteristics.

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

For discharged patients, only emergency departments in regional hospitals were able to meet ACEM’s target for discharged patients, with 86 per cent of all discharged patients departing within four hours in 2020-21. Emergency departments in metropolitan hospitals (78 per cent) and in major hospitals (72 per cent) were unable to meet

ACEM’s target for discharged patients departing the emergency department within four hours of arrival. In contrast, for admitted patients, emergency departments in regional hospitals (46 per cent), metropolitan hospitals (40 per cent), and major hospitals (32 per cent) did not meet ACEM’s recommended target for admitted patients departing within four hours in 2020-21.

Percentage of discharged patients who departed the emergency department within four hours across NSW in 2020-21



Percentage of admitted patients who departed the emergency department within four hours across NSW in 2020-21



# NSW patient length of stay, by hospital peer group

Peer group comparisons also allows for analysis across similar hospitals based on shared characteristics when it comes to the time for most (90 per cent) patients to depart the emergency department. Across all NSW peer groups, it took more than six hours longer for most (90 per cent) admitted patients to depart the emergency department in 2020-21.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

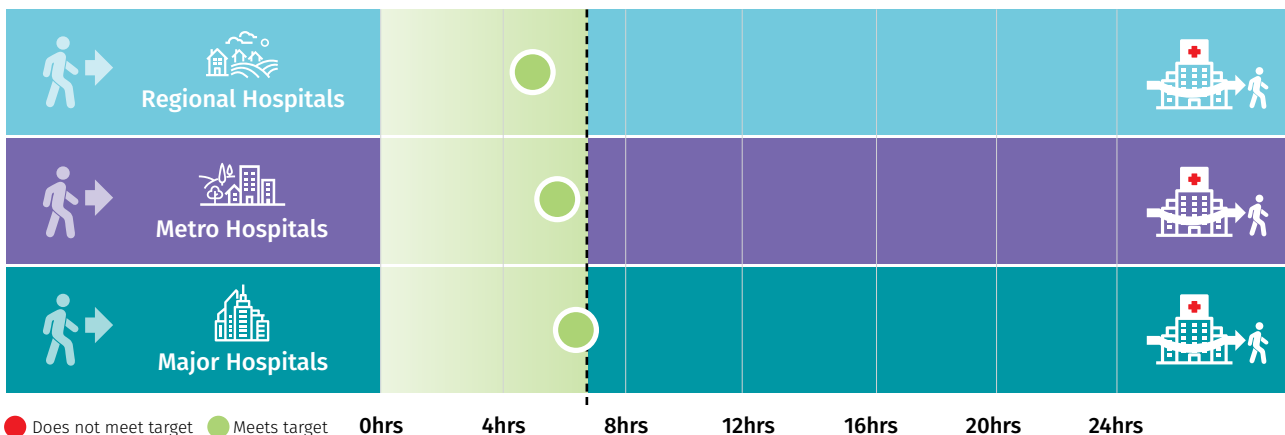
**For discharged patients (patients not subsequently admitted to hospital) in 2020-21 it took:**

- Four hours 33 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- Five hours 42 minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- Six hours 27 minutes for most (90 per cent) patients to leave major hospital emergency departments.

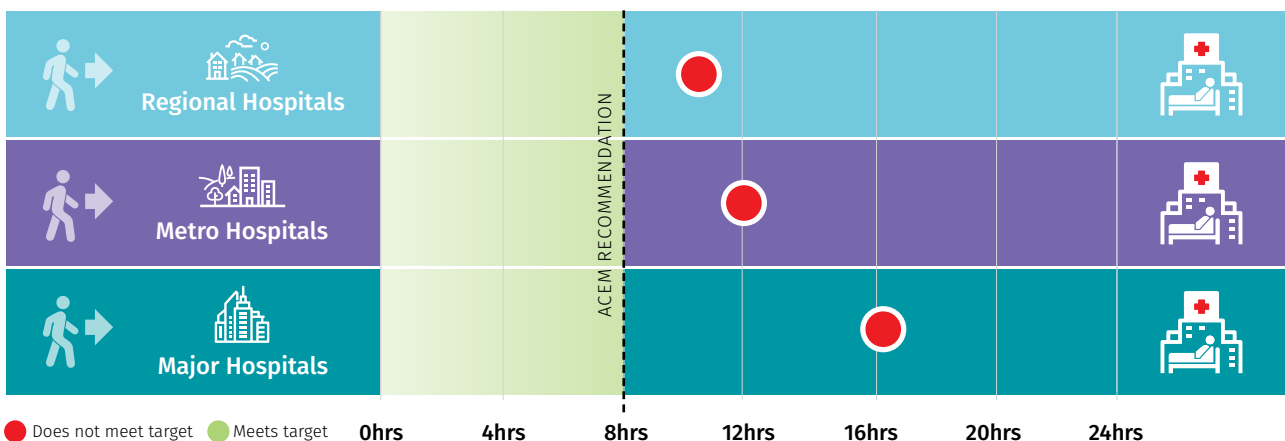
**For admitted patients (patients subsequently admitted to hospital) in 2020-21 it took:**

- 10 hours 33 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- 12 hours 14 minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- 16 hours 22 minutes for most (90 per cent) patients to leave major hospital emergency departments.

Time for most (90 per cent) discharged patients to depart the emergency department across NSW in 2020-21



Time for most (90 per cent) admitted patients to depart the emergency department across NSW in 2020-21

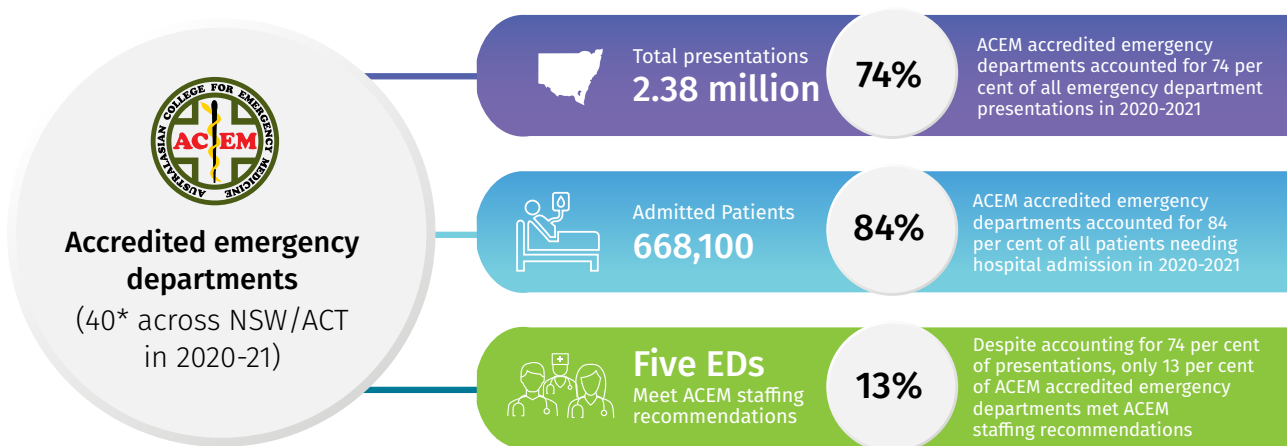


# ACEM accredited emergency departments across NSW and ACT

In 2020-21, ACEM accredited public hospital emergency departments accounted for 74 per cent of all emergency department presentations across NSW and ACT. However, only 13 per cent of these emergency departments met ACEM’s minimum recommendation for a senior emergency medicine workforce, with notable differences across hospital peer groups.

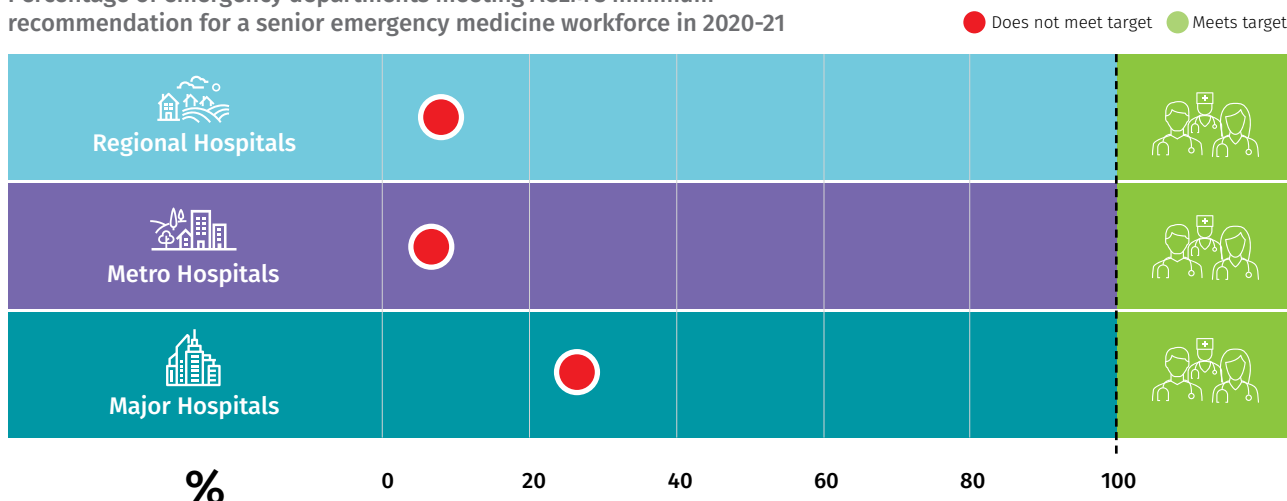
When looking at ACEM accredited emergency departments across public hospital peer groups in 2020-21, 25 per cent of major hospital emergency departments met ACEM’s minimum recommendations in NSW/ACT.

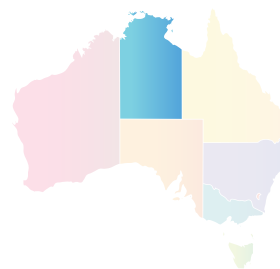
In contrast, only six per cent of metropolitan hospital emergency departments and eight per cent of regional hospital emergency departments in NSW/ACT met ACEM’s minimum recommendations.



\* excludes two specialist and one other public hospital emergency department that could not be assessed against ACEM’s recommendation

Percentage of emergency departments meeting ACEM’s minimum recommendation for a senior emergency medicine workforce in 2020-21





## Northern Territory

Public hospital emergency departments in the Northern Territory (NT) had over 177,600 presentations in 2020-21, a 15 per cent increase since 2016-17 (in comparison, the NT population has grown by 1 per cent over this period). At 746 presentations per 1,000 population, the NT had the highest presentation rate per 1,000 population across all States and Territories.



### People presenting with mental health or behavioural problems

Have increased from **18** per day across NT in 2016-17 to **21** per day in 2020-21, accounting for **four per cent** of all emergency department presentations.



### Presentations by Aboriginal and Torres Strait Islander people

In the NT, Aboriginal and Torres Strait Islander people were more likely to access emergency department services in 2020-21, accounting for **26 per cent** of the total population yet representing **43 per cent** of all emergency department presentations.



### Left before treatment

**Six per cent** of all people coming to the emergency department either did not wait for treatment or left at their own risk in 2020-21, a **17 per cent** decrease from 2016-17.



### Aged over 65

In the NT, people aged 65 or older are more likely to access emergency department services, accounting for **nine per cent** of the total population yet representing **11 per cent** of all presentations in 2020-21.



### Hospital admission

**34 per cent** of all presentations will require hospital admission, and it will take almost **14 hours** for most (90 per cent) admitted patients to depart the emergency department. Based on the latest research, ACEM recommends that 90 per cent of patients who require hospital admission should spend no more than 8 hours in the emergency department.

 **+61%**

### Available beds

Between 2016-17 and 2020-21, the number of presentations per 1,000 population requiring hospital admission increased by 11 per cent. Over the same period, the number of available hospital beds per 1,000 population increased by 61 per cent.

# How long are NT patients staying in emergency departments?

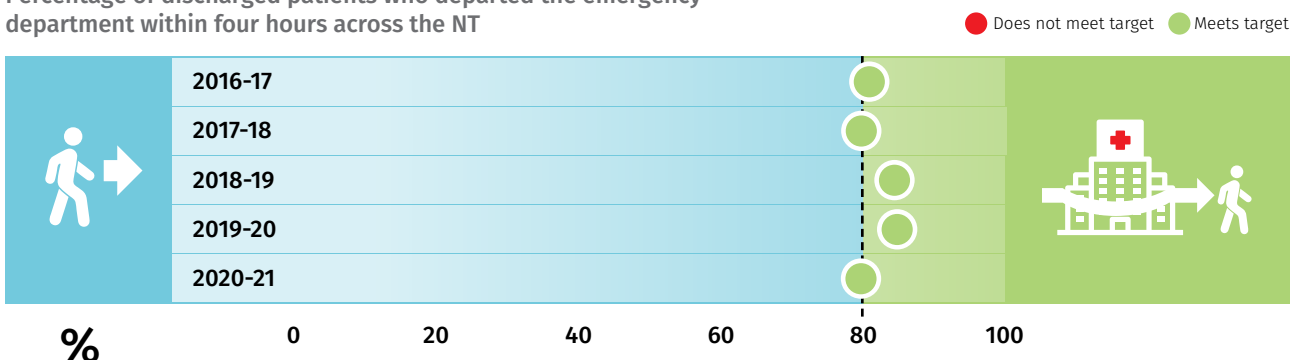
Across public hospital emergency departments in the NT, the time that patients spend within emergency departments has been progressively decreasing from 2016-17 to 2020-21. However, in 2020-21, the emergency department length of stay for patients who required admission to hospital was more than twice as long than it was for those who were discharged (not subsequently admitted to hospital).

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

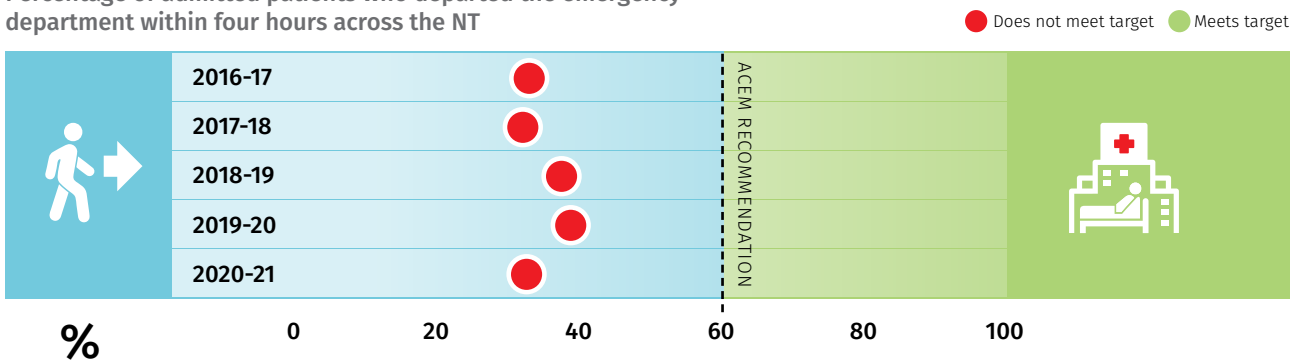
Emergency departments across NT have been consistently meeting ACEM’s recommendation for discharged patients from 2016-17 to 2020-21, with 80 per cent of all discharged patients departing the emergency department within four hours of arrival in 2020-21.

For patients subsequently admitted to hospital in the NT, 32 per cent departed the emergency department within four hours of arrival in 2020-21, similar to 32 per cent in 2016-17. From 2016-17 through to 2020-21, NT emergency departments were not able to meet ACEM’s recommended target for admitted patients departing the emergency department within four hours of arrival.

Percentage of discharged patients who departed the emergency department within four hours across the NT



Percentage of admitted patients who departed the emergency department within four hours across the NT





# How long are NT patients staying in emergency departments?

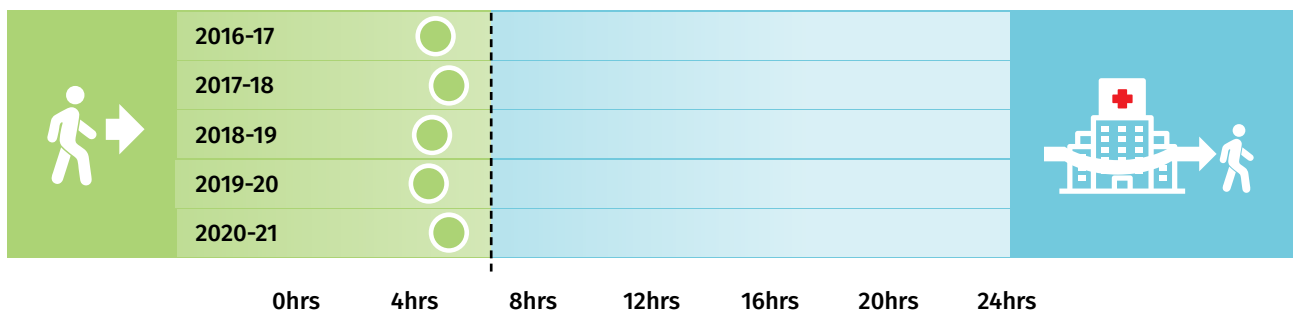
Across NT public hospital emergency departments there was a marked difference in the time taken for most (90 per cent) discharged patients to depart the emergency department when compared to patients requiring hospital admission from the emergency department.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

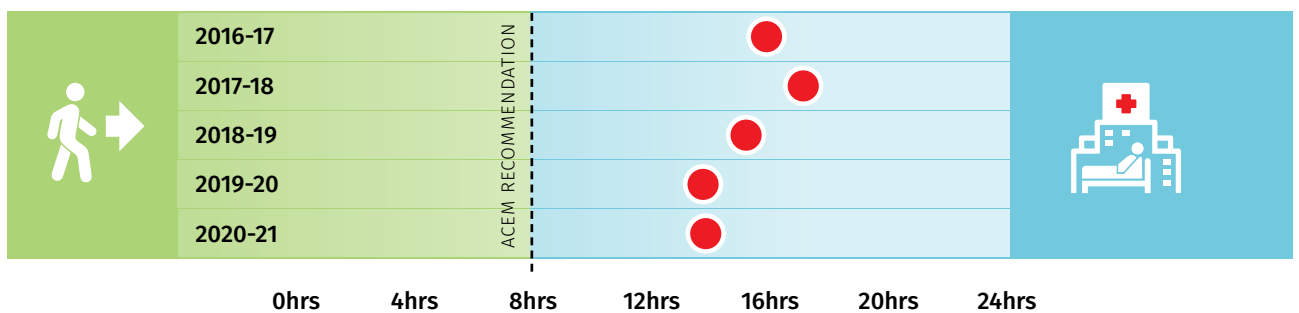
For discharged patients (patients not subsequently admitted to hospital), it took five hours 18 minutes for most (90 per cent) patients to leave the emergency department in 2020-21. In contrast, for admitted patients (patients subsequently admitted to hospital) it took 13 hours 54 minutes for most (90 per cent) patients to leave the emergency department – over twice as long than discharged patients.

From 2016-17 through to 2020-21, NT emergency departments were able to meet ACEM’s recommended Hospital Access Target for most (90 per cent) discharged patients to depart the emergency department. In contrast, NT emergency departments were not able to meet ACEM’s recommended Hospital Access Target for most (90 per cent) admitted patients to depart the emergency department.

Time for most (90 per cent) discharged patients to depart the emergency department across NT



Time for most (90 per cent) admitted patients to depart the emergency department across NT



# NT patient length of stay, by hospital peer group

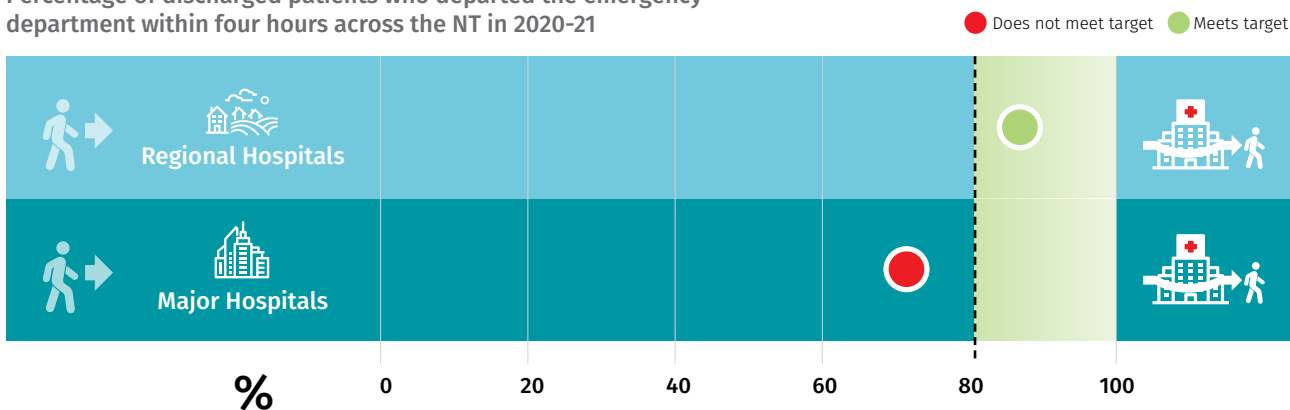
Just as all emergency department patients are not the same, not all public hospital emergency departments are the same. Peer group comparisons allows for analysis across similar hospitals based on shared characteristics.

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

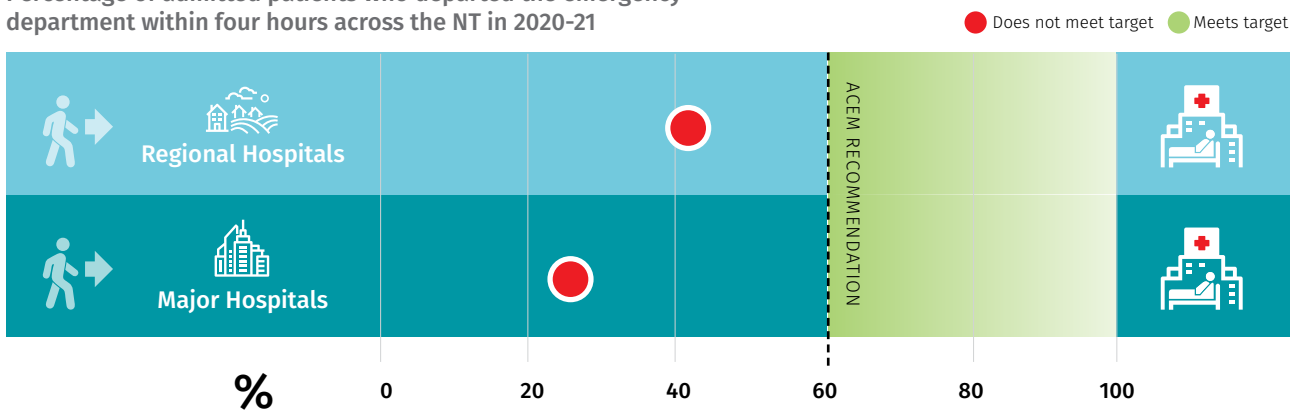
Only the regional hospital peer group was able to meet ACEM’s target for discharged patients, with 86 per cent of all emergency department patients departing within four hours in 2020-21. Major hospital emergency departments (73 per cent) did not meet ACEM’s target for discharged

patients. For admitted patients, emergency departments in regional hospitals (42 per cent) and major hospitals (26 per cent) did not meet ACEM’s recommended target for admitted patients departing within four hours in 2020-21.

Percentage of discharged patients who departed the emergency department within four hours across the NT in 2020-21



Percentage of admitted patients who departed the emergency department within four hours across the NT in 2020-21



# NT patient length of stay, by hospital peer group

Peer group comparisons also allows for analysis across similar hospitals based on shared characteristics when it comes to the time for most (90 per cent) patients to depart the emergency department. Across all NT peer groups, it took over six hours longer for most (90 per cent) admitted patients to depart the emergency department in 2020-21.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

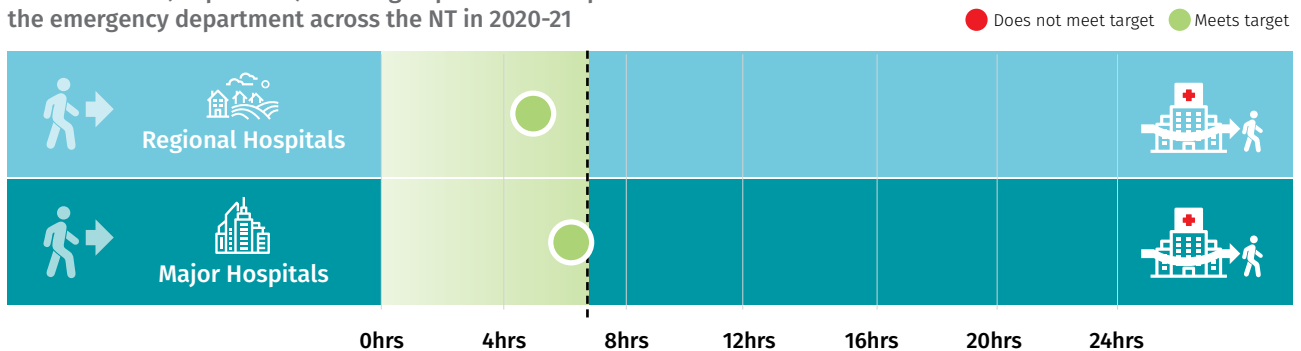
**For discharged patients (patients not subsequently admitted to hospital) in 2020-21 it took:**

- Four hours 25 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- Six hours seven minutes for most (90 per cent) patients to leave major hospital emergency departments.

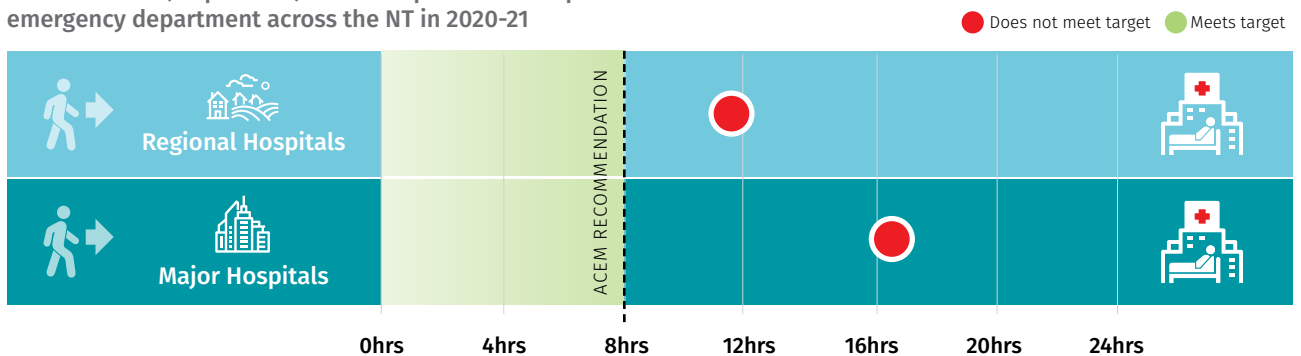
**For admitted patients (patients subsequently admitted to hospital) in 2020-21 it took:**

- 10 hours 32 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- 16 hours nine minutes for most (90 per cent) patients to leave major hospital emergency departments.

Time for most (90 per cent) discharged patients to depart the emergency department across the NT in 2020-21

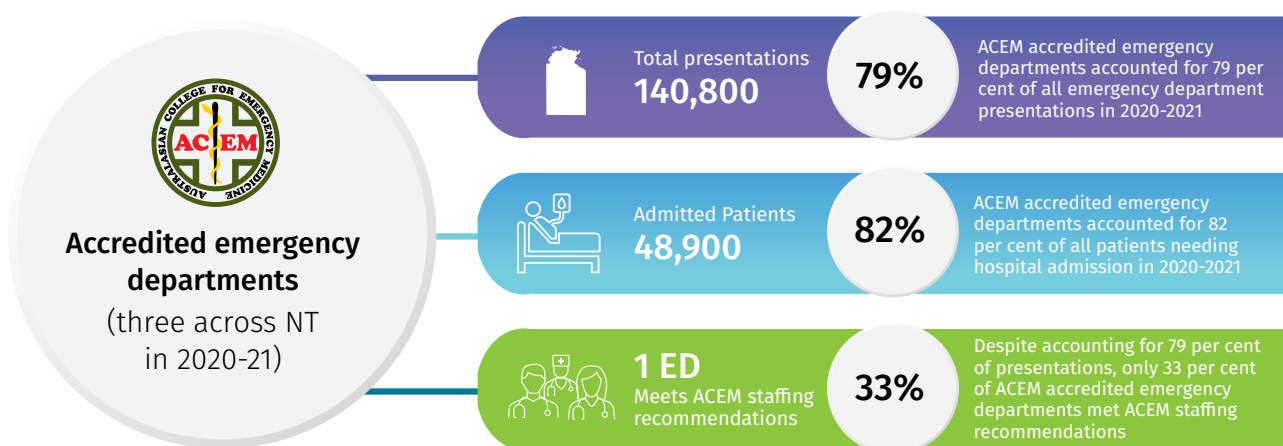


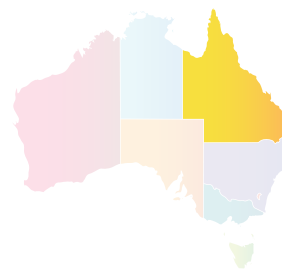
Time for most (90 per cent) admitted patients to depart the emergency department across the NT in 2020-21



## ACEM accredited emergency departments across NT

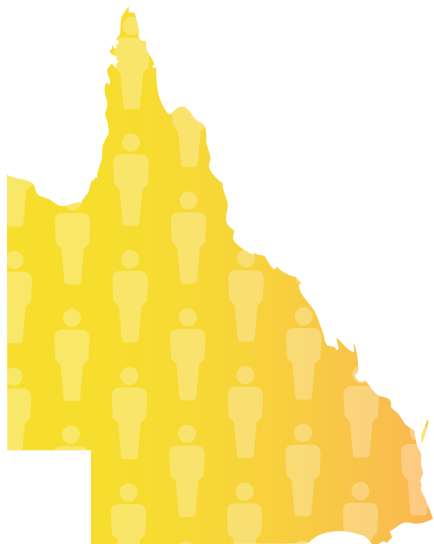
In 2020-21, ACEM accredited public hospital emergency departments accounted for 79 per cent of all presentations across the NT. However, only 33 per cent of these emergency departments met ACEM's minimum recommendation for a senior emergency medicine workforce.





## Queensland

Public hospital emergency departments in Queensland (QLD) had 369 presentations per 1,000 population in 2020-21 (over 1.8 million total presentations). This was the highest number ever recorded and represented a 30 per cent increase since 2016-17 - the highest increase across all States and Territories. QLD emergency departments also had the greatest increase in patients requiring hospital admission (16 per cent increase since 2016-17).



### People presenting with mental health or behavioural problems

Have increased from **154 per day** across QLD in 2016-17 to **179 per day** in 2020-21, accounting for **three per cent** of all emergency department presentations.



### Presentations by Aboriginal and Torres Strait Islander people

In QLD, Aboriginal and Torres Strait Islander people were more likely to access emergency department services in 2020-21, accounting for **five per cent** of the total population yet representing **eight per cent** of all emergency department presentations.



### Left before treatment

**Six per cent** of all people coming to emergency departments either did not wait for treatment or left at their own risk in 2020-21, a **four per cent** increase from 2016-17.



### Aged over 65

In QLD, people aged 65 or older are more likely to access emergency department services, accounting for **17 per cent** of the total population yet representing **19 per cent** of all presentations in 2020-21.



### Hospital admission

**32 per cent** of all presentations required hospital admission in 2020-21, and it took over **10 hours** for most (90 per cent) admitted patients to depart the emergency department. Based on the latest research, ACEM recommends that 90 per cent of patients who require hospital admission should spend no more than eight hours in an emergency department.



### Available beds

Between 2016-17 and 2020-21, the number of emergency department presentations per 1,000 population requiring hospital admission increased by 11 per cent. Over the same period, the number of available public hospital beds per 1,000 population did not change.



# How long are QLD patients staying in emergency departments?

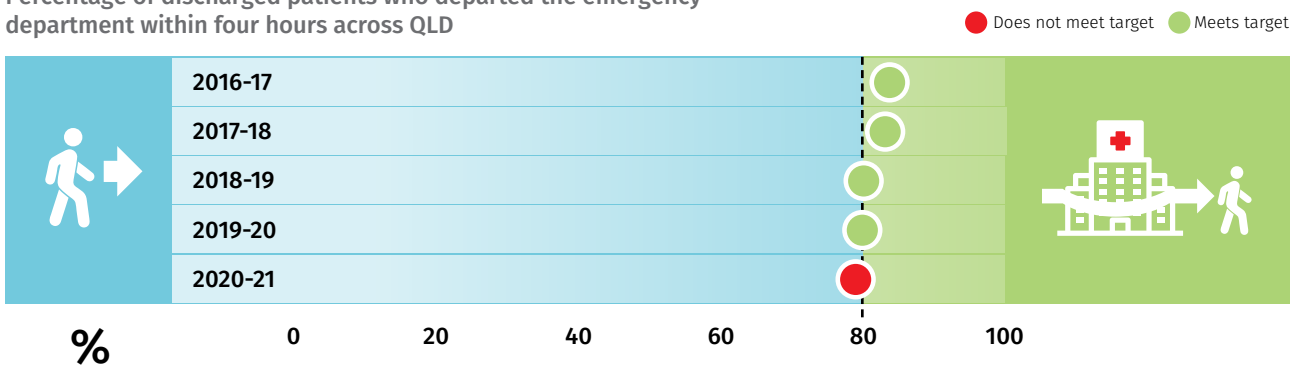
Across public hospital emergency departments in QLD, the emergency department length of stay for patients who require admission to hospital is markedly longer than it is for those who were discharged (not subsequently admitted to hospital). In 2020-21, it took twice as long for admitted patients to depart the emergency department when compared to discharged patients.

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

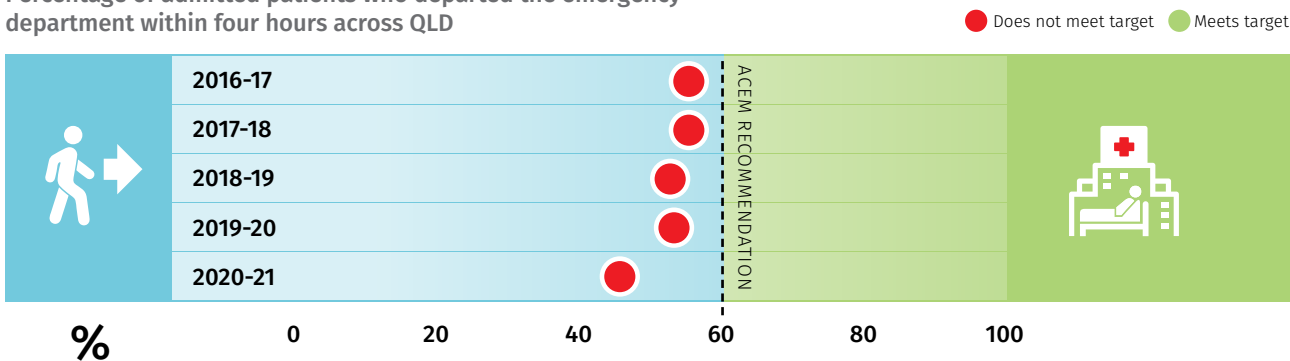
With the exception of 2020-21, emergency departments across QLD have been consistently meeting ACEM’s recommendation for discharged patients since 2016-17. For patients subsequently admitted to hospital in QLD, 49 per cent departed the emergency department within four

hours of arrival in 2020-21, a decrease from 55 per cent in 2016-17. From 2016-17 through to 2020-21, QLD emergency departments were not able to meet ACEM’s recommended target for admitted patients departing within four hours of arrival.

Percentage of discharged patients who departed the emergency department within four hours across QLD



Percentage of admitted patients who departed the emergency department within four hours across QLD



# How long are QLD patients staying in emergency departments?

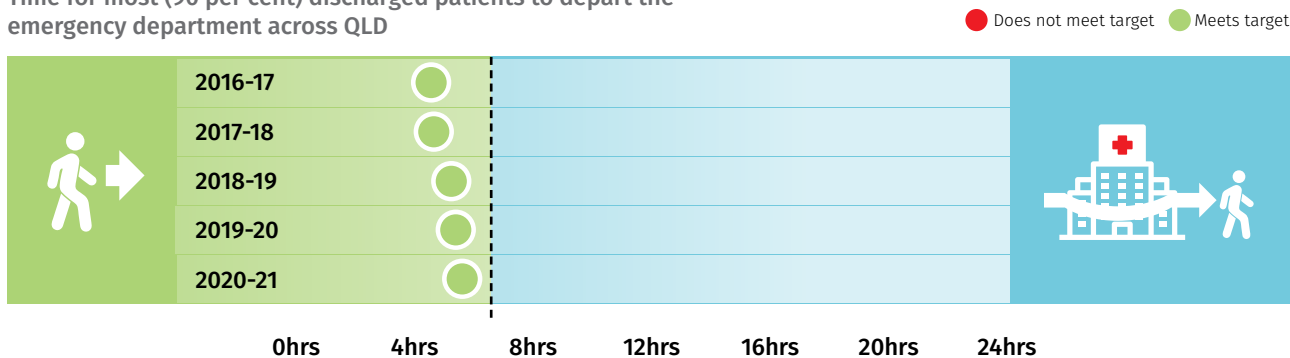
Across QLD public hospital emergency departments there was a marked difference in the time taken for most (90 per cent) discharged patients to depart the emergency department when compared to patients requiring hospital admission from the emergency department.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

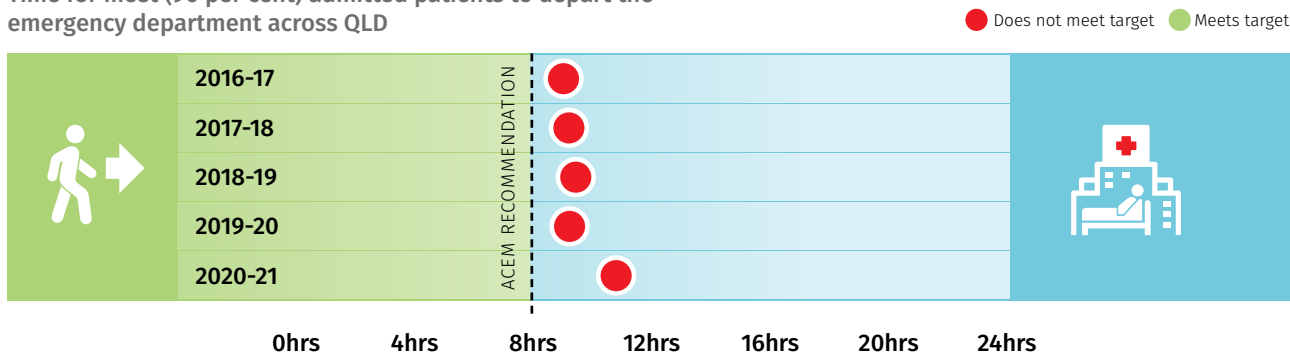
For discharged patients (patients not subsequently admitted to hospital), it took five hours 35 minutes for most (90 per cent) patients to leave the emergency department in 2020-21. In contrast, for admitted patients (patients subsequently admitted to hospital) it took 10 hours 21 minutes for most (90 per cent) patients to leave the emergency department - almost twice as long than discharged patients.

From 2016-17 through to 2020-21, QLD emergency departments were able to meet ACEM's recommended Hospital Access Target for most (90 per cent) discharged patients to depart. In contrast, emergency departments across QLD were unable to meet ACEM's recommended Hospital Access Target for most (90 per cent) admitted patients to depart the emergency department.

Time for most (90 per cent) discharged patients to depart the emergency department across QLD



Time for most (90 per cent) admitted patients to depart the emergency department across QLD



# QLD patient length of stay, by hospital peer group

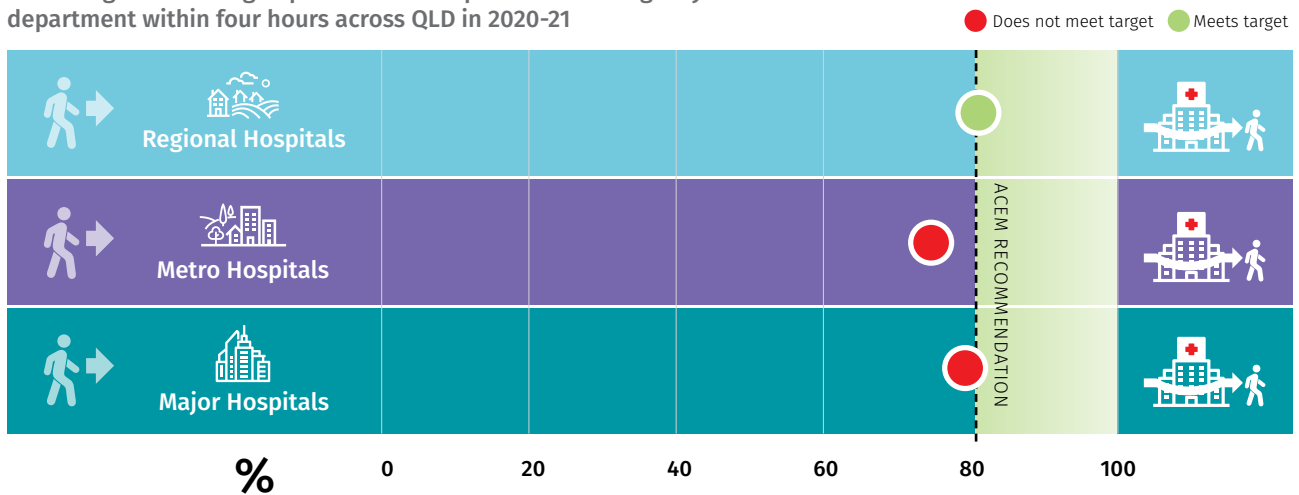
Just as all emergency department patients are not the same, not all public hospital emergency departments are the same. Peer group comparisons allows for analysis across similar hospitals based on shared characteristics.

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

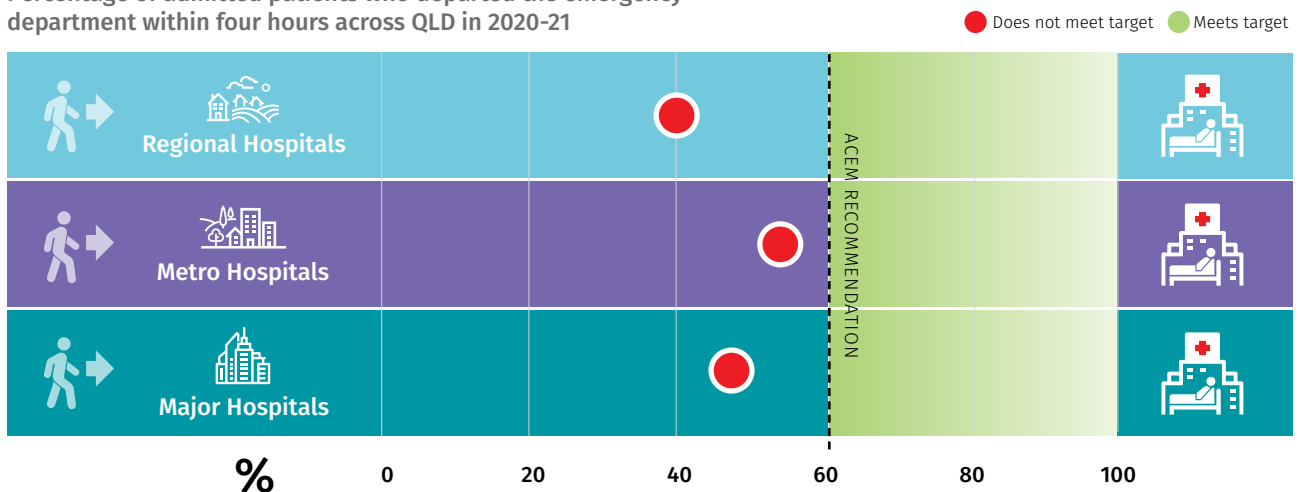
For discharged patients, only emergency departments in regional hospitals were able to meet ACEM’s target for discharged patients, with 80 per cent of all discharged patients departing within four hours in 2020-21. Emergency departments in metropolitan hospitals (74 per cent) and in major hospitals (78 per cent) were unable to meet ACEM’s target for discharged patients departing the

emergency department within four hours of arrival. In contrast, for admitted patients, emergency departments in regional hospitals (40 per cent), metropolitan hospitals (54 per cent), and major hospitals (46 per cent) did not meet ACEM’s recommended target for admitted patients departing within four hours in 2020-21.

Percentage of discharged patients who departed the emergency department within four hours across QLD in 2020-21



Percentage of admitted patients who departed the emergency department within four hours across QLD in 2020-21



# QLD patient length of stay, by hospital peer group

Peer group comparisons also allows for analysis across similar hospitals based on shared characteristics when it comes to the time for most (90 per cent) patients to depart the emergency department. Across all QLD peer groups, it took over four hours longer for most (90 per cent) admitted patients to depart the emergency department in 2020-21.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

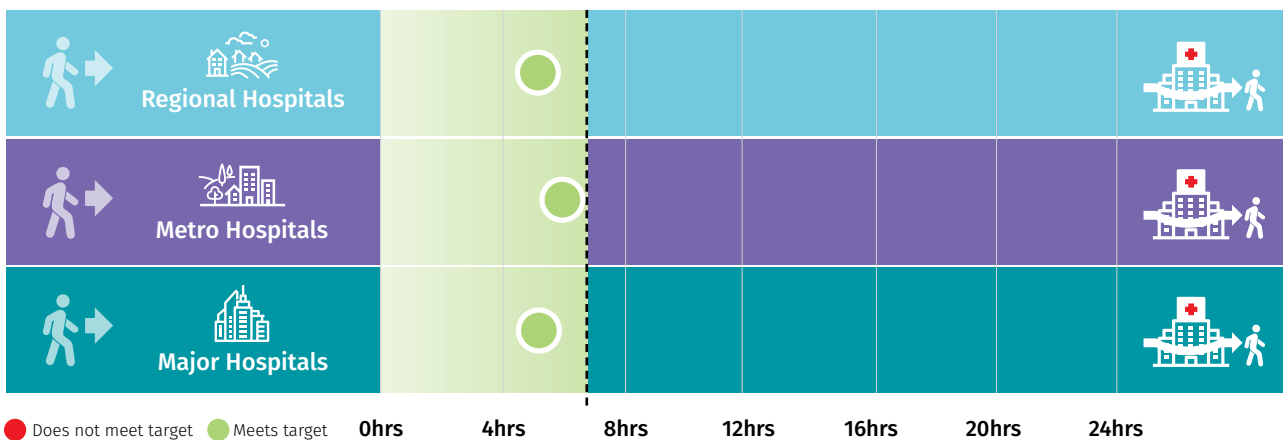
**For discharged patients (patients not subsequently admitted to hospital) in 2020-21 it took:**

- Five hours 26 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- Six hours four minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- Five hours 36 minutes for most (90 per cent) patients to leave major hospital emergency departments.

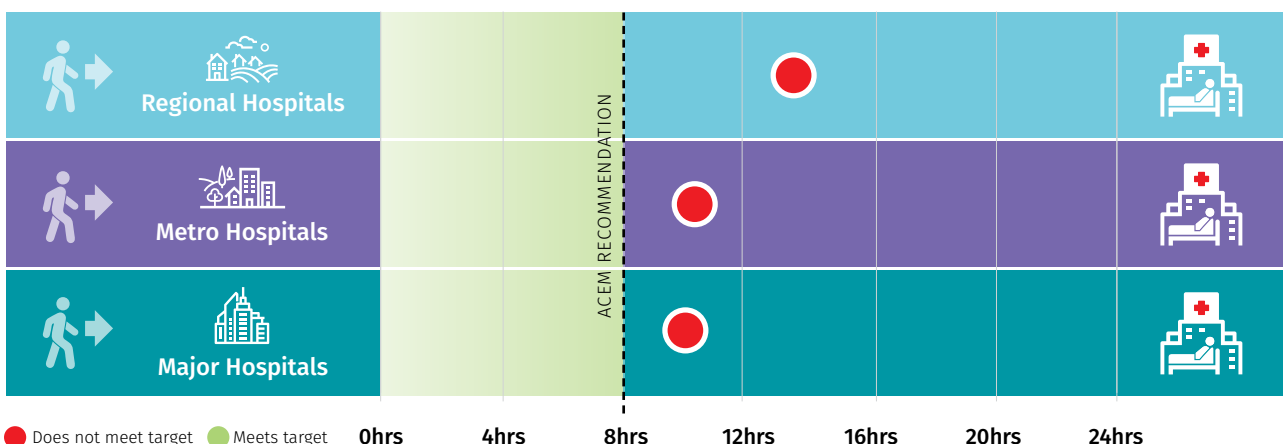
**For admitted patients (patients subsequently admitted to hospital) in 2020-21 it took:**

- 13 hours 17 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- 10 hours 16 minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- 9 hours 58 minutes for most (90 per cent) patients to leave major hospital emergency departments.

Time for most (90 per cent) discharged patients to depart the emergency department across QLD in 2020-21



Time for most (90 per cent) admitted patients to depart the emergency department across QLD in 2020-21

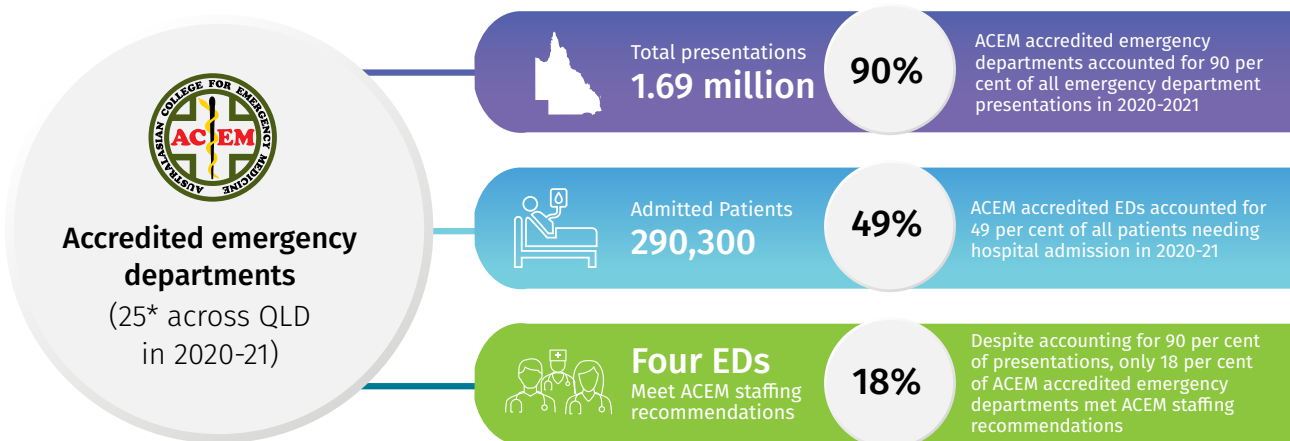


# ACEM accredited emergency departments across QLD

In 2020-21, ACEM accredited public hospital emergency departments accounted for 90 per cent of all emergency department presentations across QLD. However, only 18 per cent of these emergency departments met ACEM’s minimum recommendation for a senior emergency medicine workforce. However, there were marked differences across hospital peer groups.

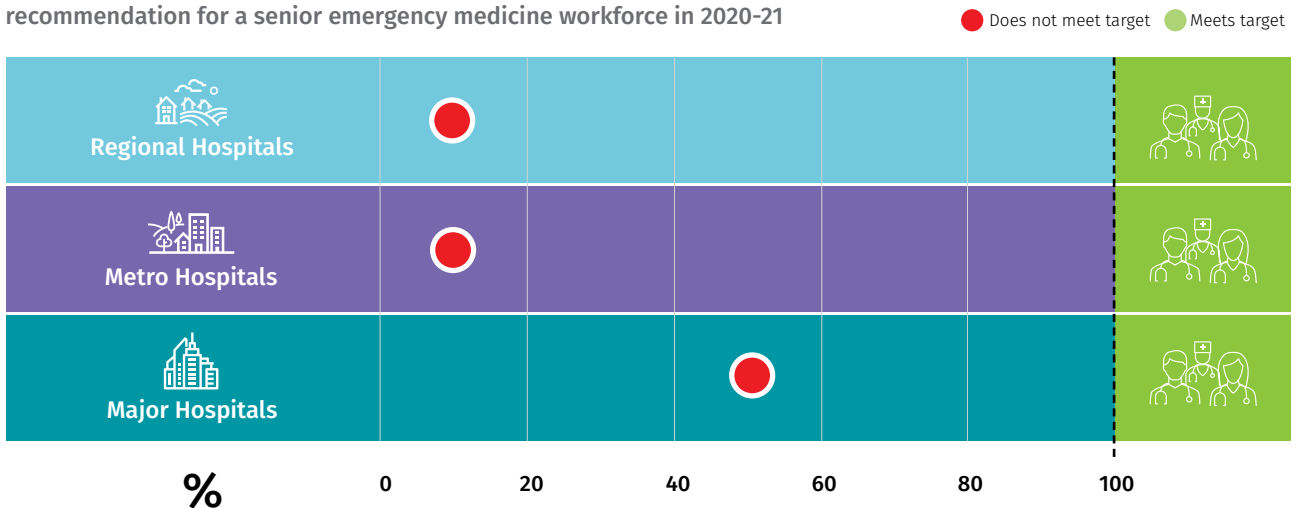
When looking at ACEM accredited emergency departments across public hospital peer groups in 2020-21, 50 per cent of major hospital emergency departments met ACEM’s minimum recommendations in QLD. In contrast,

only 11 per cent of metropolitan hospital and regional hospital emergency departments met ACEM’s minimum recommendations.



\* excludes one specialist and two other public hospital emergency department that could not be assessed against ACEM’s recommendation

Percentage of emergency departments meeting ACEM’s minimum recommendation for a senior emergency medicine workforce in 2020-21







## South Australia

Across public hospital emergency departments in South Australia (SA) there were 325 presentations per 1,000 population (over 580,000 total presentations) in 2020-21. Compared to other States and Territories, SA emergency departments had the highest percentage of people presenting with mental health or behavioural problems, and the highest percentage of presentations by people over 65 years of age.



### People presenting with mental health or behavioural problems

Have increased from **65 per day** across SA in 2016-17 to **75 per day** in 2020-21, accounting for **five per cent** of all emergency department presentations.



### Presentations by Aboriginal and Torres Strait Islander people

In SA, Aboriginal and Torres Strait Islander people were more likely to access emergency department services in 2020-21, accounting for **two per cent** of the total population yet representing **six per cent** of all emergency department presentations.



### Left before treatment

**Seven per cent** of all people coming to emergency departments either did not wait for treatment or left at their own risk in 2020-21, a **67 per cent** increase from 2016-17.



### Aged over 65

In SA, people aged 65 or older are more likely to access emergency department services, accounting for **19 per cent** of the total population yet representing **25 per cent** of all presentations in 2020-21.



### Hospital admission

**31 per cent** of all presentations required hospital admission, and it took almost **13 hours** for most (90 per cent) admitted patients to depart the emergency department. Based on the latest research, ACEM recommends that 90 per cent of patients who require hospital admission should spend no more than 8 hours in the emergency department.



### Available beds

Between 2016-17 and 2020-21, the number of emergency department presentations per 1,000 population requiring hospital admission increased by 10 per cent. Over the same period, the number of available public hospital beds per 1,000 population decreased by nine per cent.

# How long are SA patients staying in emergency departments?

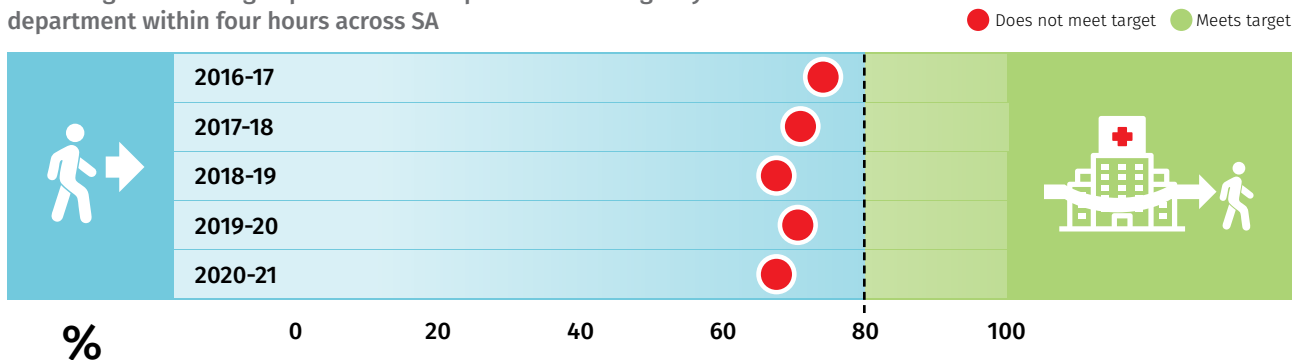
Across public hospital emergency departments in SA, the time that patients spend within emergency departments has been progressively increasing from 2016-17 to 2020-21. In 2020-21, the emergency department length of stay for patients who required admission to hospital was almost twice as long than it was for those who were discharged (not subsequently admitted to hospital).

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

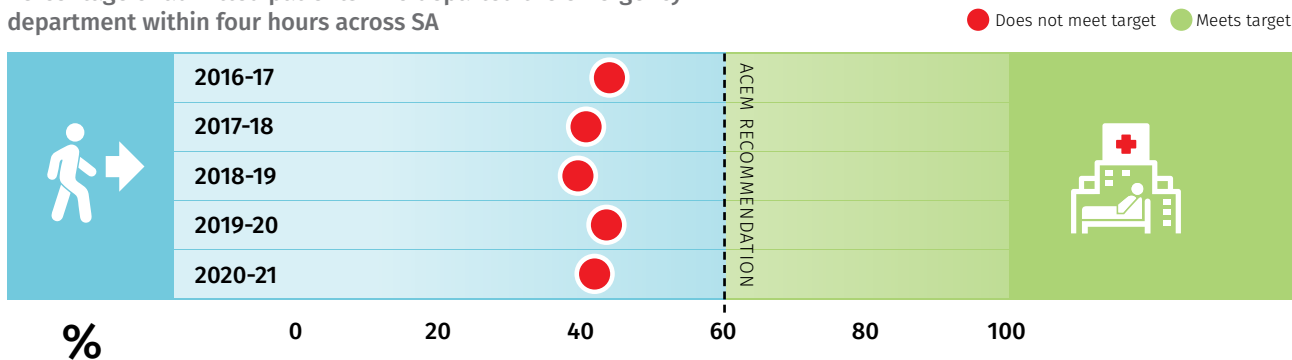
In SA, the percentage of discharged patients departing the emergency department within four hours of arrival has been decreasing, with emergency departments unable to meet ACEM’s recommendation for discharged patients from 2016-17 to 2020-21. In 2020-21, 69 per cent of discharged patients departed the emergency department within four hours of arrival. For patients subsequently

admitted to hospital in SA, 42 per cent departed the emergency department within four hours of arrival in 2020-21, a slight decrease from 43 per cent in 2016-17. From 2016-17 through to 2020-21, SA emergency departments were not able to meet ACEM’s recommended target for admitted patients departing the emergency department within four hours of arrival.

Percentage of discharged patients who departed the emergency department within four hours across SA



Percentage of admitted patients who departed the emergency department within four hours across SA



# Time for most patients to leave the emergency department across SA

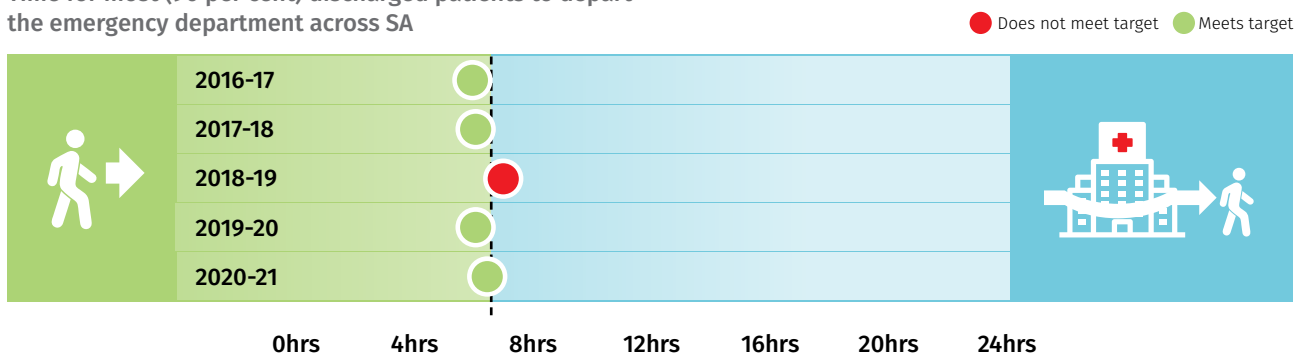
Across SA public hospital emergency departments there was a marked difference in the time taken for most (90 per cent) discharged patients to depart the emergency department when compared to patients requiring hospital admission from the emergency department.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

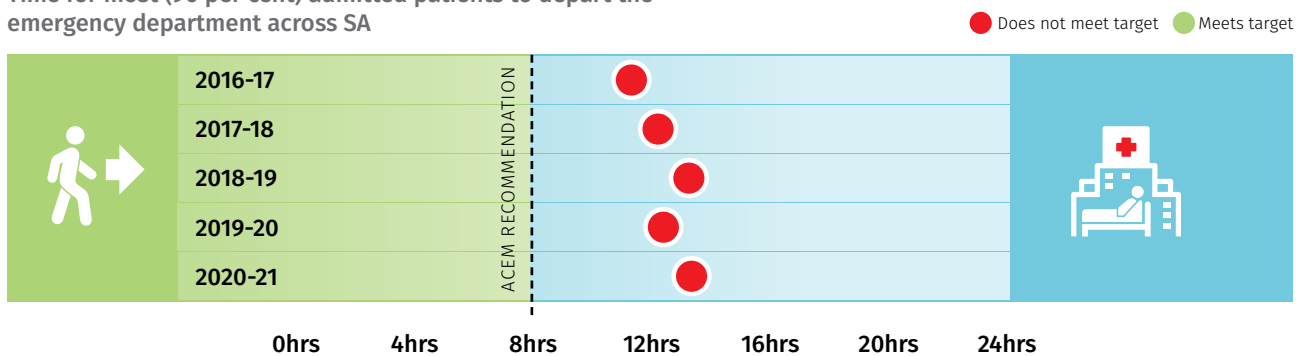
For discharged patients (patients not subsequently admitted to hospital), it took six hours 34 minutes for most (90 per cent) patients to leave the emergency department in 2020-21. In contrast, for admitted patients (patients subsequently admitted to hospital) it took 12 hours 46 minutes for most (90 per cent) patients to leave the emergency department - almost twice as long than discharged patients. Apart from 2018-19, SA emergency

departments were able to meet ACEM’s recommended Hospital Access Target for most (90 per cent) discharged patients to depart the emergency department. In contrast, SA emergency departments were not able to meet ACEM’s recommended Hospital Access Target for most (90 per cent) admitted patients to depart the emergency department.

Time for most (90 per cent) discharged patients to depart the emergency department across SA



Time for most (90 per cent) admitted patients to depart the emergency department across SA



# SA patient length of stay, by hospital peer group

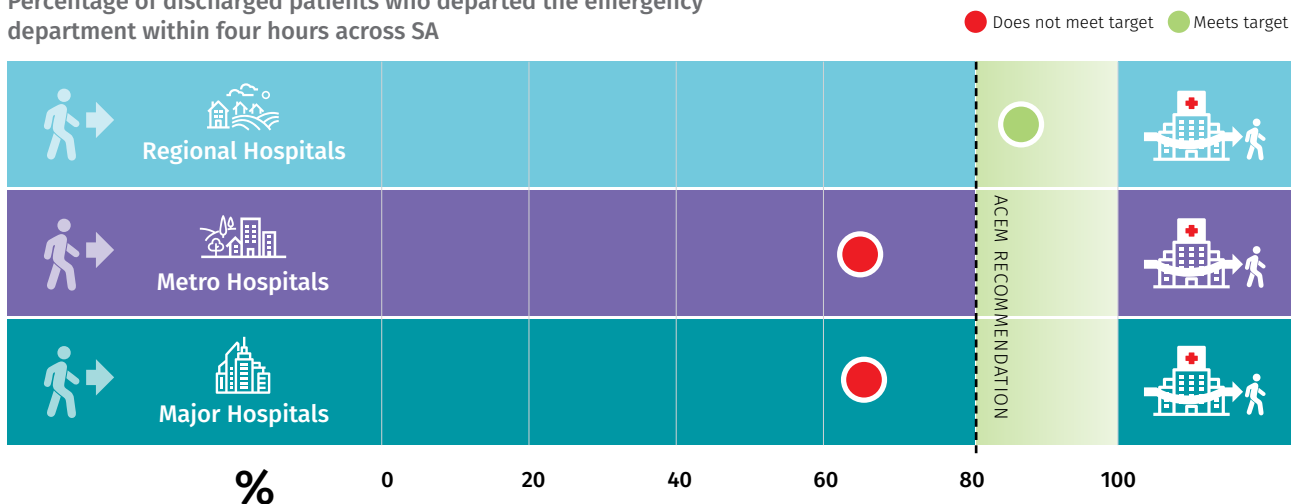
Just as all emergency department patients are not the same, not all public hospital emergency departments are the same. Peer group comparisons allows for analysis across similar hospitals based on shared characteristics.

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

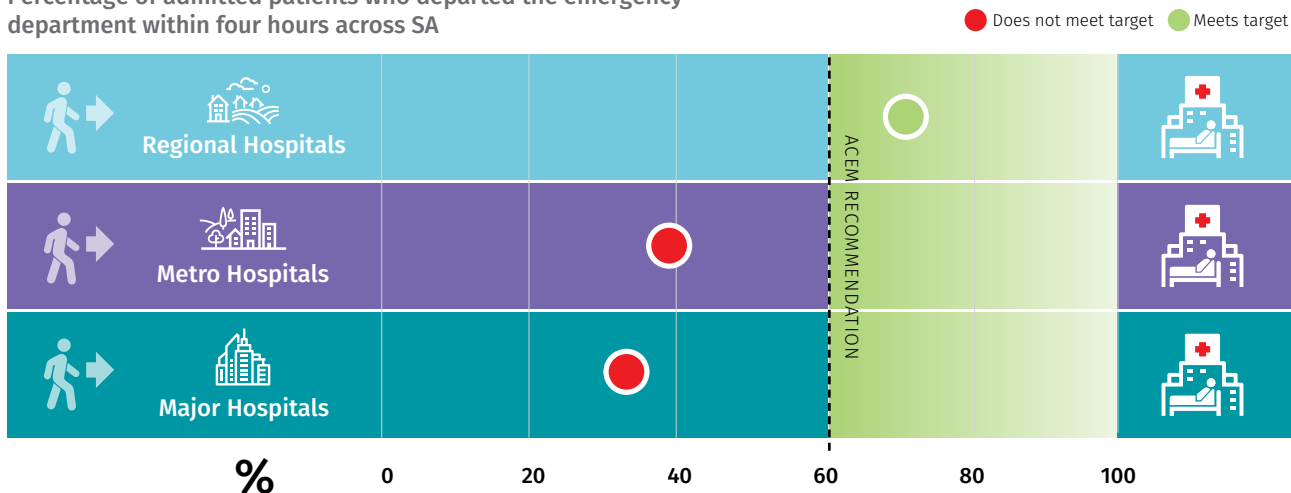
Only the regional hospital peer group were able to meet ACEM's target for discharged patients, with 84 per cent of all emergency department patients departing the emergency department within four hours in 2020-21. Metropolitan hospital emergency departments (63 per cent), and major hospital emergency department (63 per

cent) did not meet ACEM's target. For admitted patients, emergency departments in regional hospitals met ACEM's recommended target for admitted patients departing the emergency department within four hours in 2020-21 (71 per cent). This was not the case for metropolitan hospitals (39 per cent) or major hospitals (34 per cent).

Percentage of discharged patients who departed the emergency department within four hours across SA



Percentage of admitted patients who departed the emergency department within four hours across SA



# SA patient length of stay, by hospital peer group

Peer group comparisons also allows for analysis across similar hospitals based on shared characteristics when it comes to the time for most (90 per cent) patients to depart the emergency department. Across all SA peer groups, it took longer for most (90 per cent) admitted patients to depart the emergency department in 2020-21.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

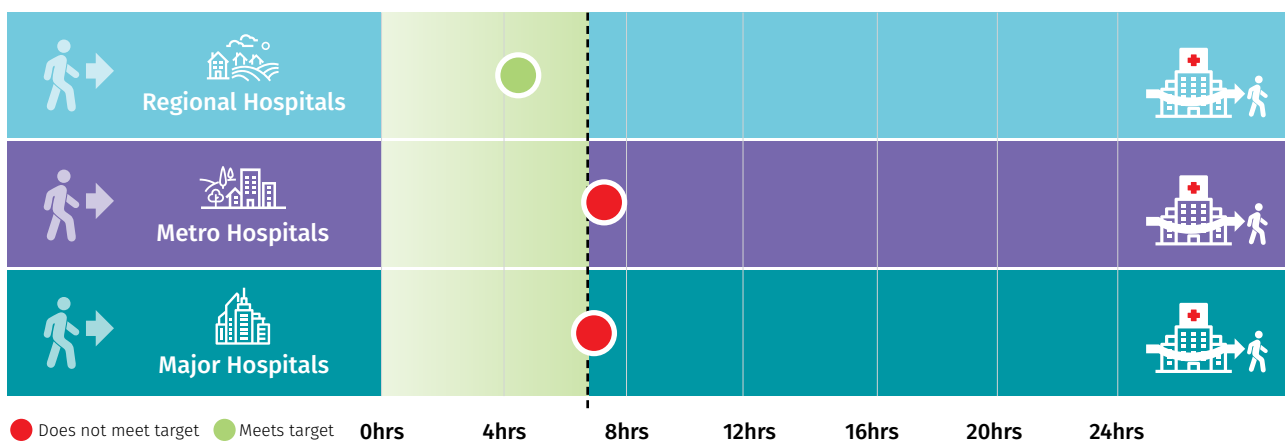
**For discharged patients (patients not subsequently admitted to hospital) in 2020-21 it took:**

- Four hours 38 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- Seven hours 35 minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- Six hours 43 minutes for most (90 per cent) patients to leave major hospital emergency departments.

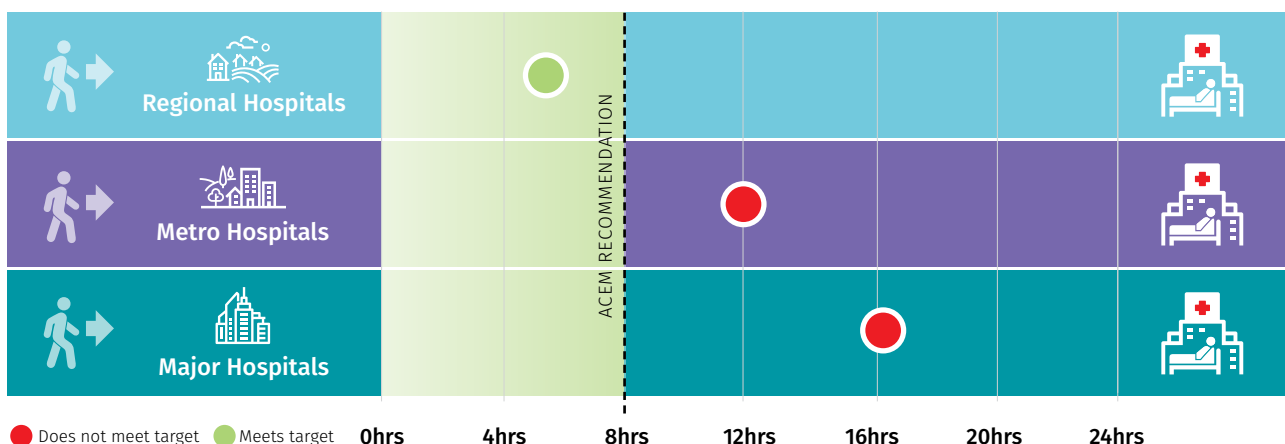
**For admitted patients (patients subsequently admitted to hospital) in 2020-21 it took:**

- 5 hours 28 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- 12 hours 2 minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- 16 hours 14 minutes for most (90 per cent) patients to leave major hospital emergency departments.

Time for most (90 per cent) discharged patients to depart the emergency department across SA in 2020-21



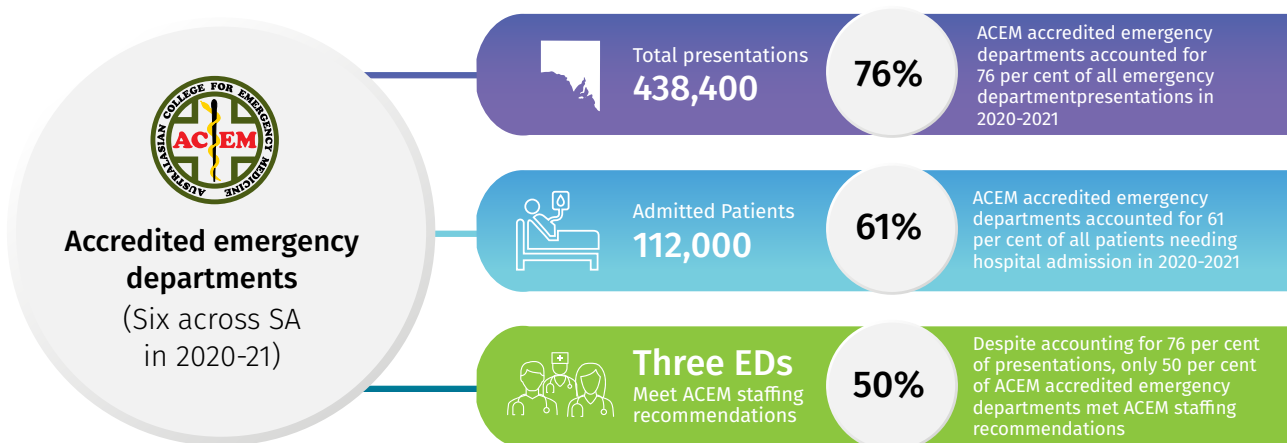
Time for most (90 per cent) admitted patients to depart the emergency department across SA in 2020-21

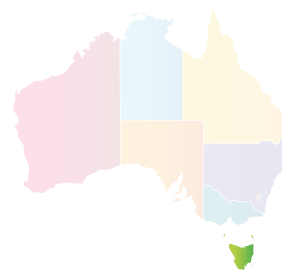




# ACEM accredited emergency departments across SA

In 2020-21, ACEM accredited public hospital emergency departments accounted for 76 per cent of all emergency department presentations across South Australia. However, only 50 per cent of these emergency departments met ACEM’s minimum recommendation for a senior emergency medicine workforce.





## Tasmania

Public hospital emergency departments in Tasmania (TAS) had 317 presentations per 1,000 population (over 177,000 presentations in total) in 2020-21, the highest number ever recorded. Almost one third (27 per cent) of all TAS presentations required hospital admission, with most (90 per cent) admitted patients departing the emergency department more than 22 hours after arrival - the longest across all States and Territories.



### People presenting with mental health or behavioural problems

Have remained unchanged from 2016-17 to 2020-21 (17 per day across TAS), accounting for **four per cent** of all emergency department presentations.

### Presentations by Aboriginal and Torres Strait Islander people

In TAS, Aboriginal and Torres Strait Islander people were more likely to access emergency department services in 2020-21, accounting for **five per cent** of the total population yet representing **six per cent** of all emergency department presentations.

6%

### Left before treatment

**Four per cent** of all people coming to the emergency department either did not wait for treatment or left at their own risk in 2020-21, a **12 per cent** increase from 2016-17.

### Aged over 65

In TAS, people aged 65 or older are more likely to access emergency department services, accounting for **21 per cent** of the total population yet representing **24 per cent** of all presentations in 2020-21.

24%

### Hospital admission

**27 per cent** of all presentations required hospital admission in 2020-21, and it took over **22 hours** for most (90 per cent) admitted patients to depart the emergency department. Based on the latest research, ACEM recommends that 90 per cent of patients who require hospital admission should spend no more than eight hours in an emergency department.

22hrs

 **+16%**

### Available beds

Between 2016-17 and 2020-21, the number of presentations per 1,000 population requiring hospital admission were unchanged. Over the same period, the number of available hospital beds per 1,000 population increased by 16 per cent.

# How long are TAS patients staying in emergency departments?

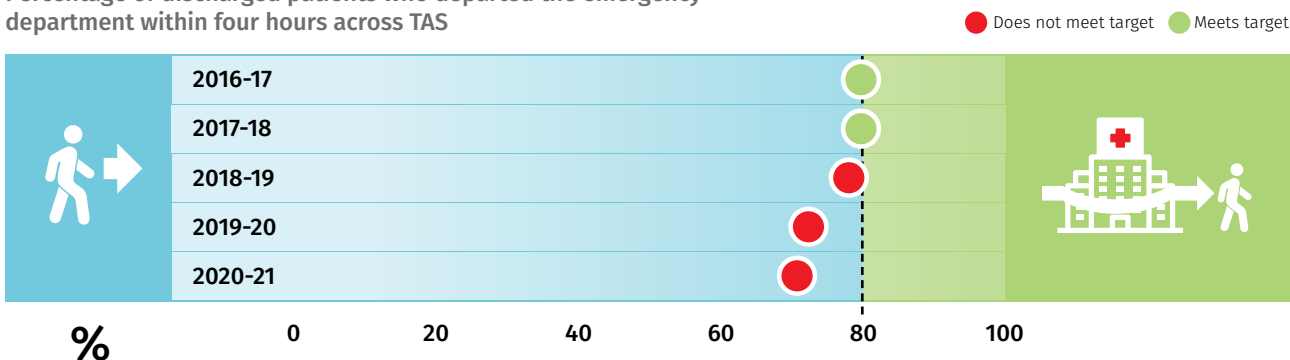
Across public hospital emergency departments in TAS, the emergency department length of stay for patients who require admission to hospital is markedly longer than it is for those who were discharged (not subsequently admitted to hospital). In 2020-21, it took over three times as long for admitted patients to depart the emergency department when compared to discharged patients.

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

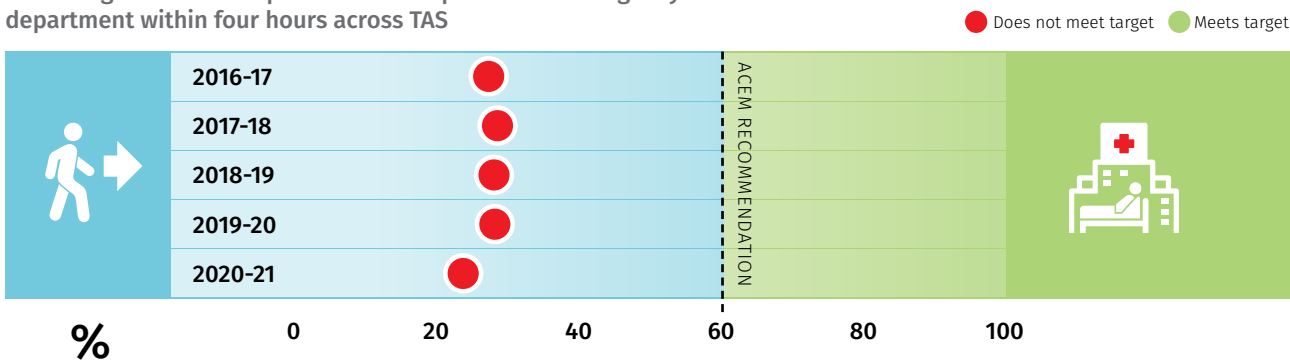
From 2016-17 to 2017-18, TAS emergency departments were meeting ACEM's recommended target for discharged patients departing within four hours of arrival. However, this has not been the case from 2018-19 to 2020-21. For patients subsequently admitted to hospital in TAS, 23 per cent departed the emergency department within four

hours of arrival in 2020-21, a decrease from 26 per cent in 2016-17. From 2016-17 through to 2020-21, TAS emergency departments were not able to meet ACEM's recommended target for admitted patients departing within four hours of arrival.

Percentage of discharged patients who departed the emergency department within four hours across TAS



Percentage of admitted patients who departed the emergency department within four hours across TAS



# How long are TAS patients staying in emergency departments?

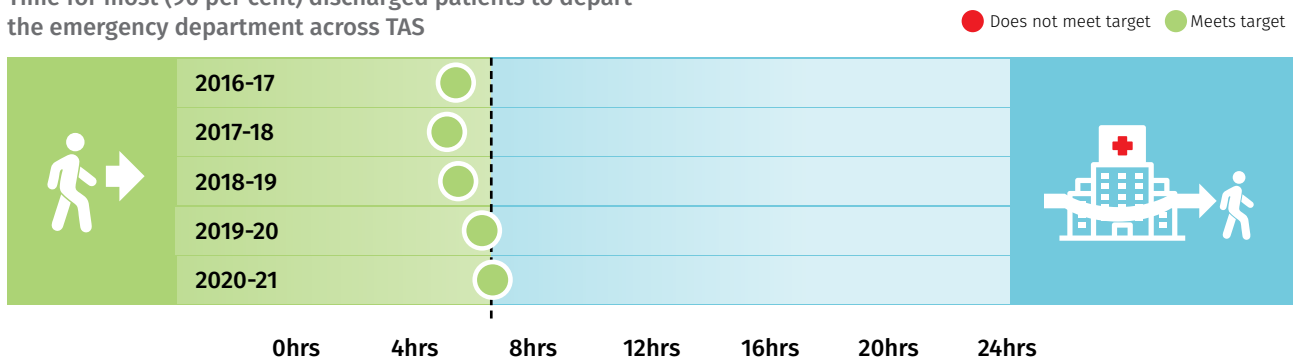
Across TAS public hospital emergency departments there was a marked difference in the time taken for most (90 per cent) discharged patients to depart the emergency department when compared to patients requiring hospital admission from the emergency department.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

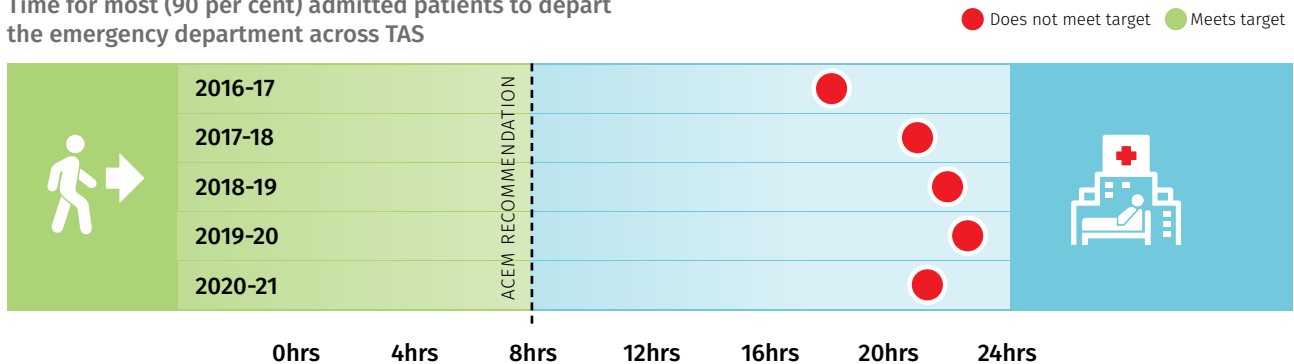
For discharged patients (patients not subsequently admitted to hospital), it took six hours 41 minutes for most (90 per cent) patients to leave the emergency department in 2020-21. In contrast, for admitted patients (patients subsequently admitted to hospital) it took 22 hours 33 minutes for most (90 per cent) patients to leave the emergency department - over three times as long than discharged patients. From 2016-17 through to

2020-21, TAS emergency departments were able to meet ACEM's recommended Hospital Access Target for most (90 per cent) discharged patients to depart the emergency department. In contrast, emergency departments across TAS were unable to meet ACEM's recommended Hospital Access Target for most (90 per cent) admitted patients to depart the emergency department.

Time for most (90 per cent) discharged patients to depart the emergency department across TAS



Time for most (90 per cent) admitted patients to depart the emergency department across TAS



# TAS patient length of stay, by hospital peer group

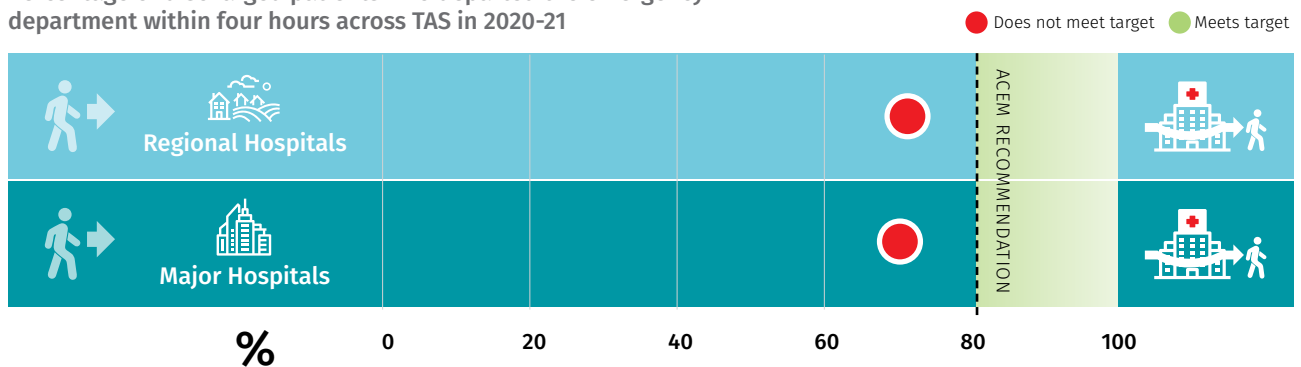
Just as all emergency department patients are not the same, not all public hospital emergency departments are the same. Peer group comparisons allows for analysis across similar hospitals based on shared characteristics.

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

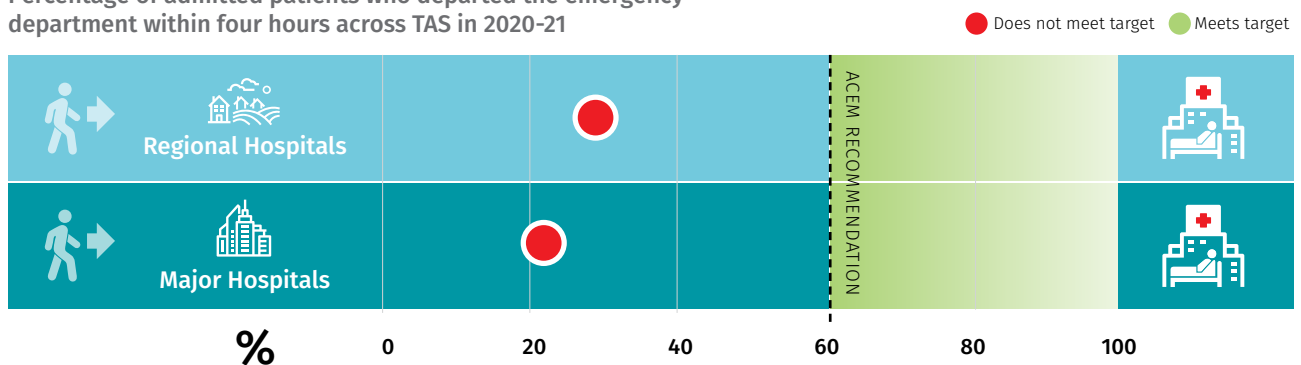
For discharged patients, emergency departments in regional Hospitals (72 per cent) and major hospitals (69 per cent) were unable to meet ACEM’s target for discharged patients departing within four hours in 2020-21. Similarly,

for admitted patients, emergency departments in regional hospitals (26 per cent), and major hospitals (22 per cent) did not meet ACEM’s recommended target for admitted patients departing within four hours in 2020-21.

Percentage of discharged patients who departed the emergency department within four hours across TAS in 2020-21



Percentage of admitted patients who departed the emergency department within four hours across TAS in 2020-21



# TAS patient length of stay, by hospital peer group

Peer group comparisons also allows for analysis across similar hospitals based on shared characteristics when it comes to the time for most (90 per cent) patients to depart the emergency department. Across all TAS peer groups, it took over 12 hours longer for most (90 per cent) admitted patients to depart the emergency department in 2020-21.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

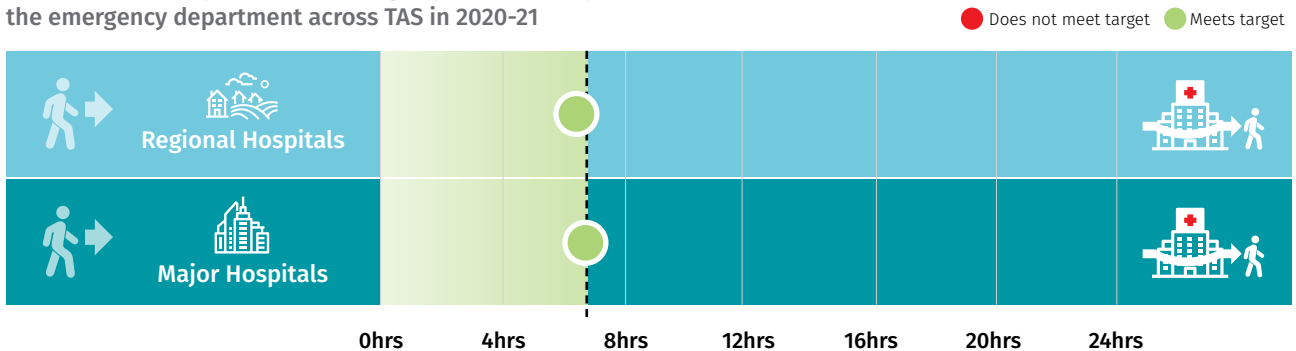
**For discharged patients (patients not subsequently admitted to hospital) in 2020-21 it took:**

- Six hours 26 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- Six hours 44 minutes for most (90 per cent) patients to leave major hospital emergency departments.

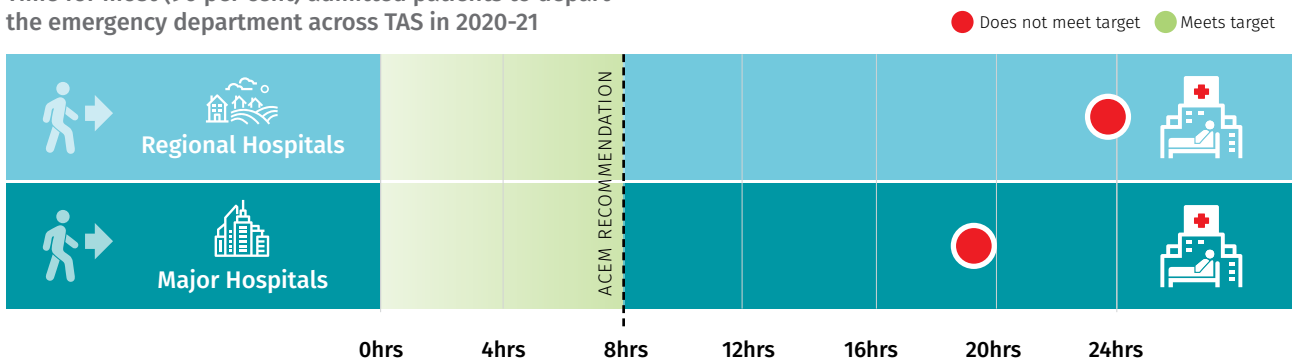
**For admitted patients (patients subsequently admitted to hospital) in 2020-21 it took:**

- 23 hours 53 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- 18 hours 52 minutes for most (90 per cent) patients to leave major hospital emergency departments.

Time for most (90 per cent) discharged patients to depart the emergency department across TAS in 2020-21

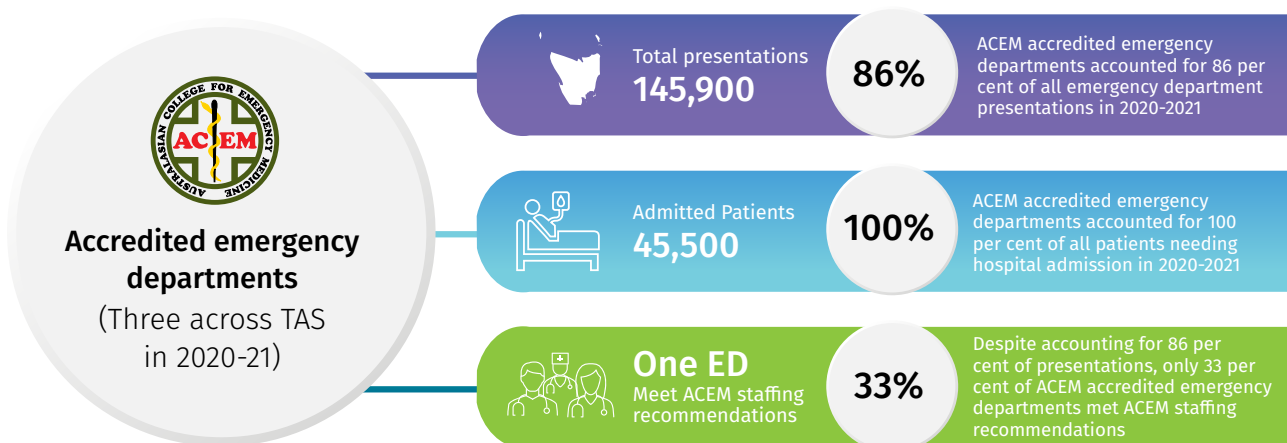


Time for most (90 per cent) admitted patients to depart the emergency department across TAS in 2020-21

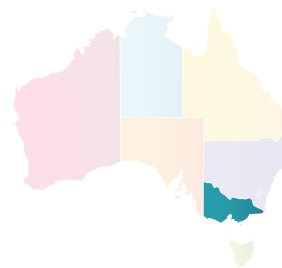


# ACEM accredited emergency departments across TAS

In 2020-21, ACEM accredited public hospital emergency departments accounted for 86 per cent of all emergency department presentations across TAS. However, only 33 per cent of these emergency departments met ACEM’s minimum recommendation for a senior emergency medicine workforce.

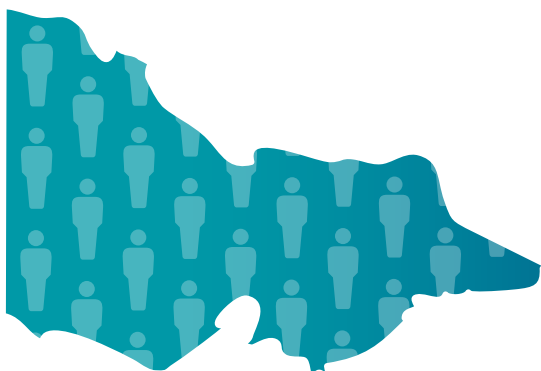






# Victoria

Across public hospital emergency departments in Victoria (VIC) there were 264 presentations per 1,000 population (over 1.7 million total presentations) in 2020-21. Over one third (36 per cent) of all emergency department presentations required hospital admission - the highest proportion across all Australian States and Territories.



### People presenting with mental health or behavioural problems

Have increased from **148** per day across VIC in 2016-17 to **181 per day** in 2020-21, accounting for **four per cent** of all emergency department presentations.



### Presentations by Aboriginal and Torres Strait Islander people

In VIC, Aboriginal and Torres Strait Islander people were more likely to access emergency department services in 2020-21, accounting for **one per cent** of the total population yet representing **two per cent** of all emergency department presentations.



### Left before treatment

**Seven per cent** of all people coming to emergency departments either did not wait for treatment or left at their own risk in 2020-21, a **13 per cent** increase from 2016-17.



### Aged over 65

In VIC, people aged 65 or older are more likely to access emergency department services, accounting for **16 per cent** of the total population yet representing **22 per cent** of all presentations in 2020-21.



### Hospital admission

**36 per cent** of all presentations required hospital admission in 2020-21, and it took almost **13 hours** for most (90 per cent) admitted patients to depart the emergency department. Based on the latest research, ACEM recommends that 90 per cent of patients who require hospital admission should spend no more than eight hours in an emergency department.

 **-6%**

### Available beds

Between 2016-17 and 2020-21, the number of presentations per 1,000 population requiring hospital admission decreased by three per cent. Over the same period, the number of available hospital beds per 1,000 population decreased by six per cent.

# How long are VIC patients staying in emergency departments?

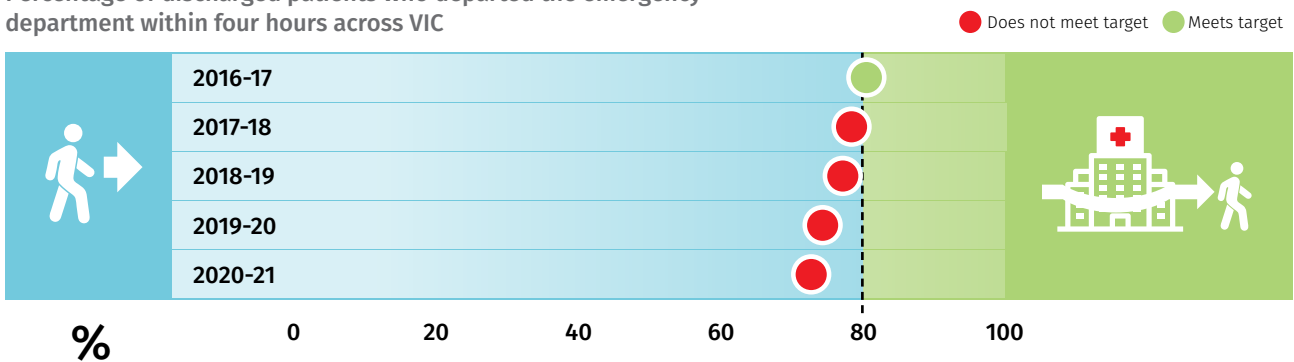
Across public hospital emergency departments in VIC, the time that patients spend within emergency departments has been progressively increasing from 2016-17 to 2020-21. The emergency department length of stay for patients who require admission to hospital is markedly longer than it is for those who were discharged (not subsequently admitted to hospital).

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

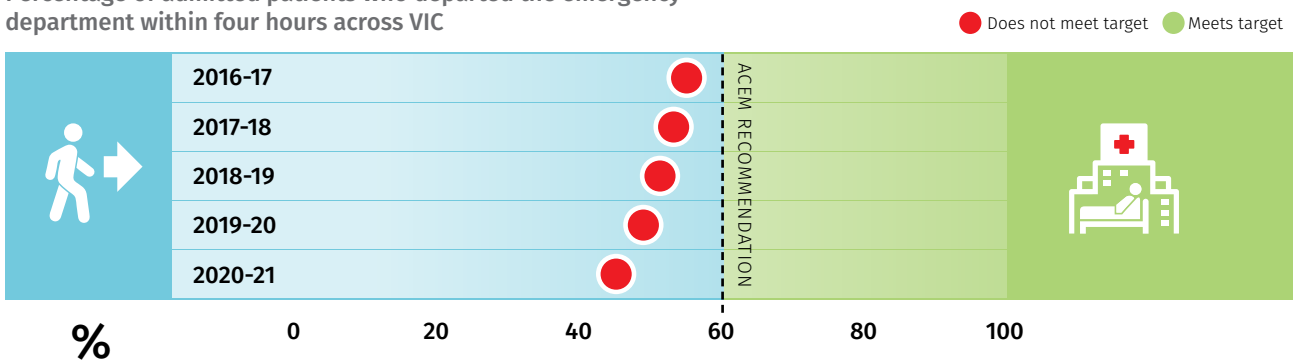
In VIC, emergency departments were meeting ACEM’s recommendation for discharged patients in 2016-17, with 81 per cent of all discharged patients departing within four hours of arrival. In 2020-21 this percentage had decreased, with 72 per cent of all discharged patients departed the emergency department within four hours of arrival. For patients subsequently admitted to hospital, 45

per cent departed the emergency department within four hours of arrival in 2020-21, a decrease from 55 per cent in 2016-17. From 2016-17 through to 2020-21, VIC emergency departments were not able to meet ACEM’s recommended target for admitted patients departing within four hours of arrival.

Percentage of discharged patients who departed the emergency department within four hours across VIC



Percentage of admitted patients who departed the emergency department within four hours across VIC



# How long are VIC patients staying in emergency departments?

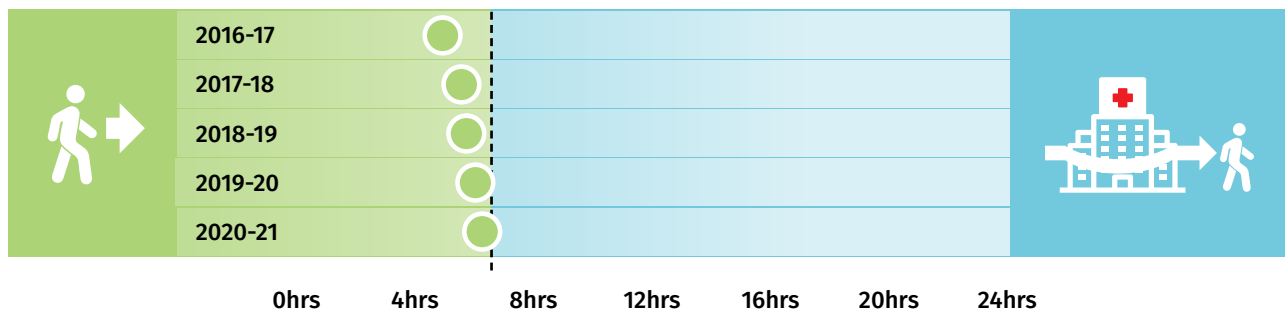
Across VIC public hospital emergency departments there was a marked difference in the time taken for most (90 per cent) discharged patients to depart the emergency department when compared to patients requiring hospital admission from the emergency department.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

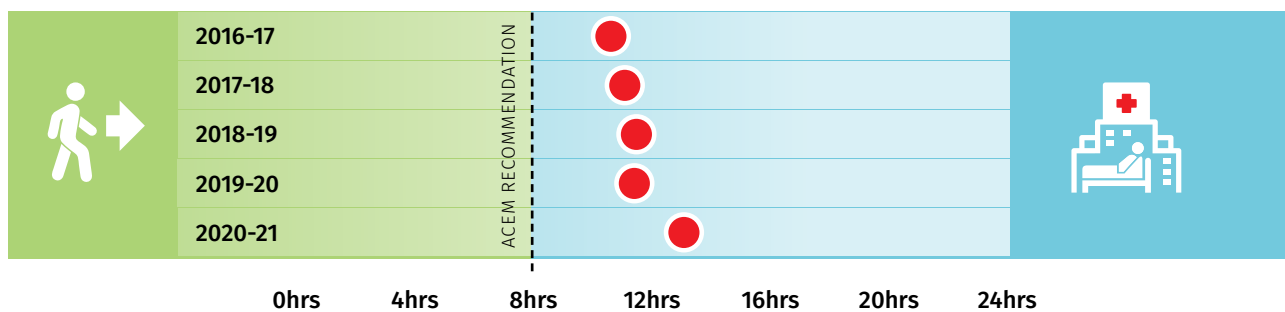
For discharged patients (patients not subsequently admitted to hospital), it took six hours 31 minutes for most (90 per cent) patients to leave the emergency department in 2020-21. In contrast, for admitted patients (patients subsequently admitted to hospital) it took 12 hours 46 minutes for most (90 per cent) patients to leave the emergency department - almost twice as long than discharged patients. From 2016-17 through to 2020-21,

VIC emergency departments were able to meet ACEM's recommended Hospital Access Target for most (90 per cent) discharged patients to depart the emergency department. In contrast, VIC emergency departments were not able to meet ACEM's recommended Hospital Access Target for most (90 per cent) admitted patients to depart the emergency department.

Time for most (90 per cent) discharged patients to depart the emergency department across VIC



Time for most (90 per cent) admitted patients to depart the emergency department across VIC



# VIC patient length of stay, by hospital peer group

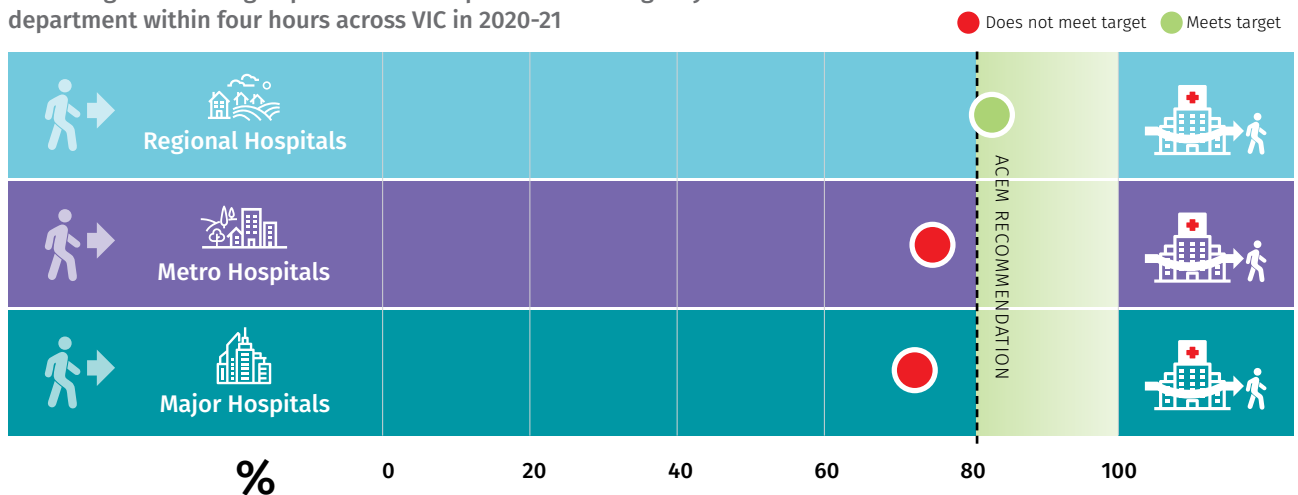
Just as all emergency department patients are not the same, not all public hospital emergency departments are the same. Peer group comparisons allows for analysis across similar hospitals based on shared characteristics.

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

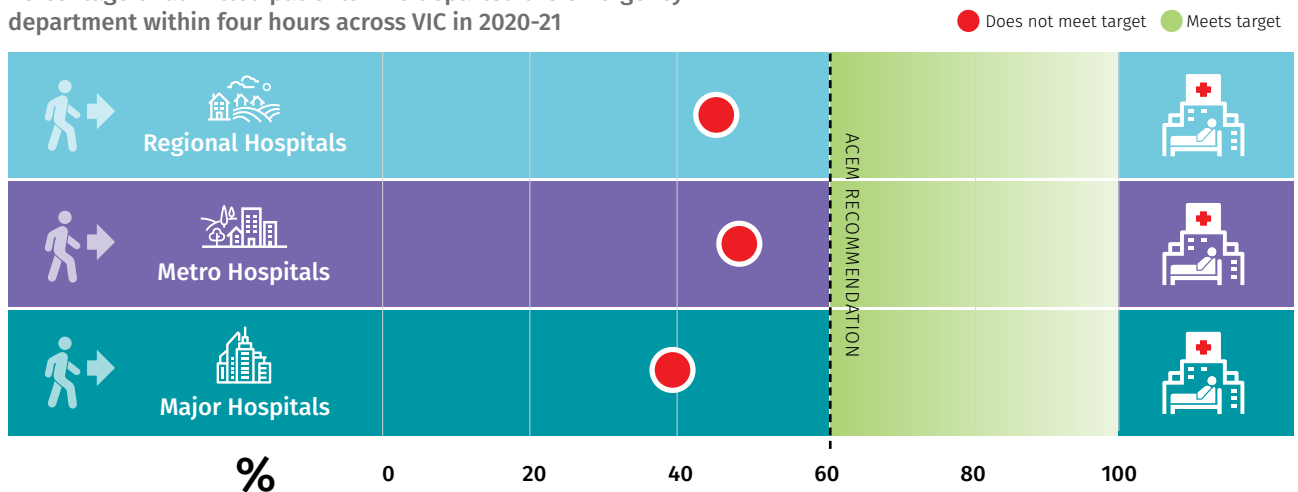
For discharged patients, only emergency departments in regional hospitals were able to meet ACEM's target for discharged patients, with 82 per cent of all discharged patients departing within four hours in 2020-21. Emergency departments in metropolitan hospitals (75 per cent) and in major hospitals (73 per cent) were unable to meet ACEM's

target for discharged patients departing within four hours of arrival. In contrast, for admitted patients, emergency departments in regional hospitals (43 per cent), metropolitan hospitals (48 per cent), and major hospitals (39 per cent) did not meet ACEM's recommended target for admitted patients departing within four hours in 2020-21.

Percentage of discharged patients who departed the emergency department within four hours across VIC in 2020-21



Percentage of admitted patients who departed the emergency department within four hours across VIC in 2020-21



# VIC patient length of stay, by hospital peer group

Peer group comparisons also allows for analysis across similar hospitals based on shared characteristics when it comes to the time for most (90 per cent) patients to depart the emergency department. Across VIC peer groups, it took over five hours longer for most (90 per cent) admitted patients to depart the emergency department in 2020-21.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

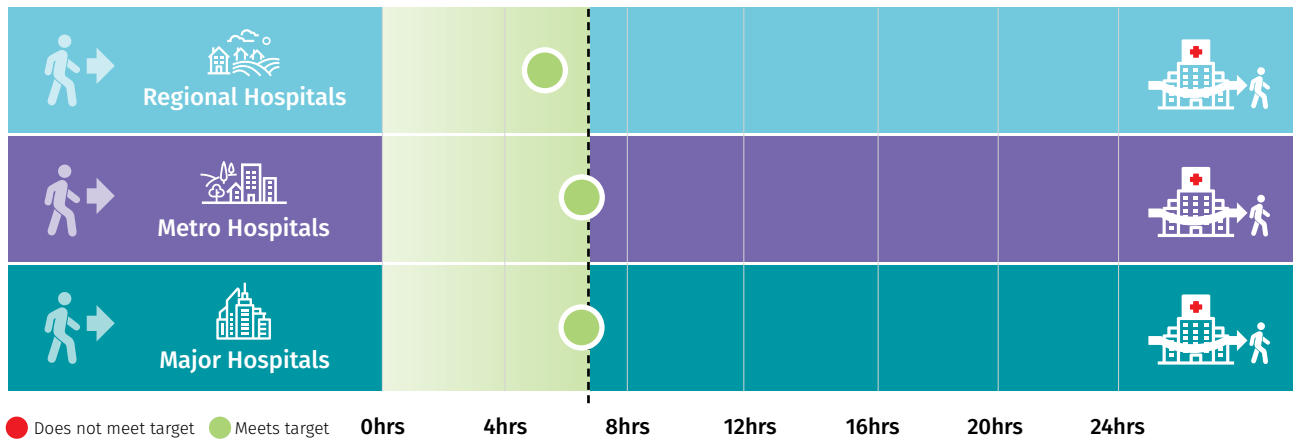
**For discharged patients (patients not subsequently admitted to hospital) in 2020-21 it took:**

- Five hours 13 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- Six hours 14 minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- Six hours 15 minutes for most (90 per cent) patients to leave major hospital emergency departments.

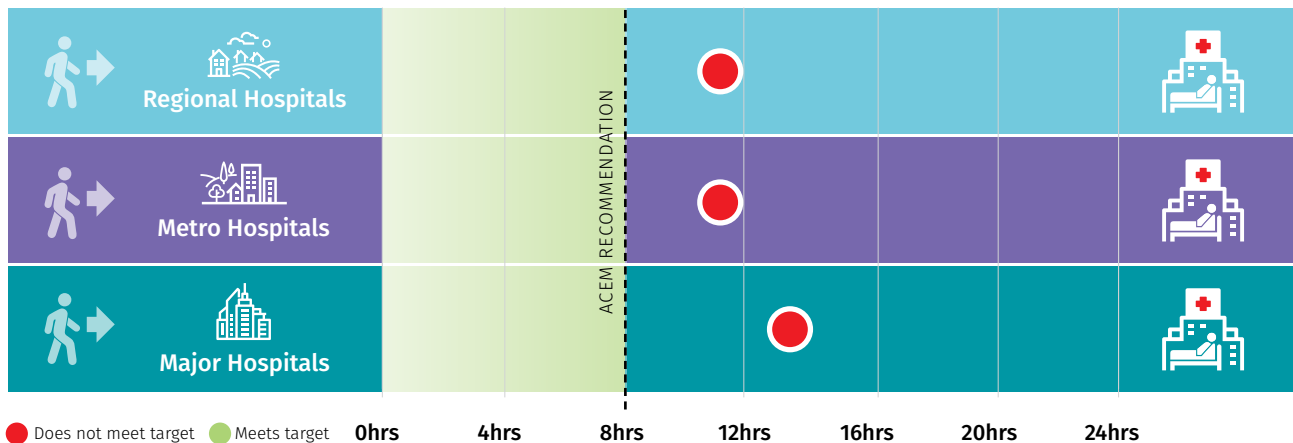
**For admitted patients (patients subsequently admitted to hospital) in 2020-21 it took:**

- 11 hours 31 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- 11 hours 34 minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- 13 hours 50 minutes for most (90 per cent) patients to leave major hospital emergency departments.

Time for most (90 per cent) discharged patients to depart the emergency department across VIC in 2020-21



Time for most (90 per cent) admitted patients to depart the emergency department across VIC in 2020-21

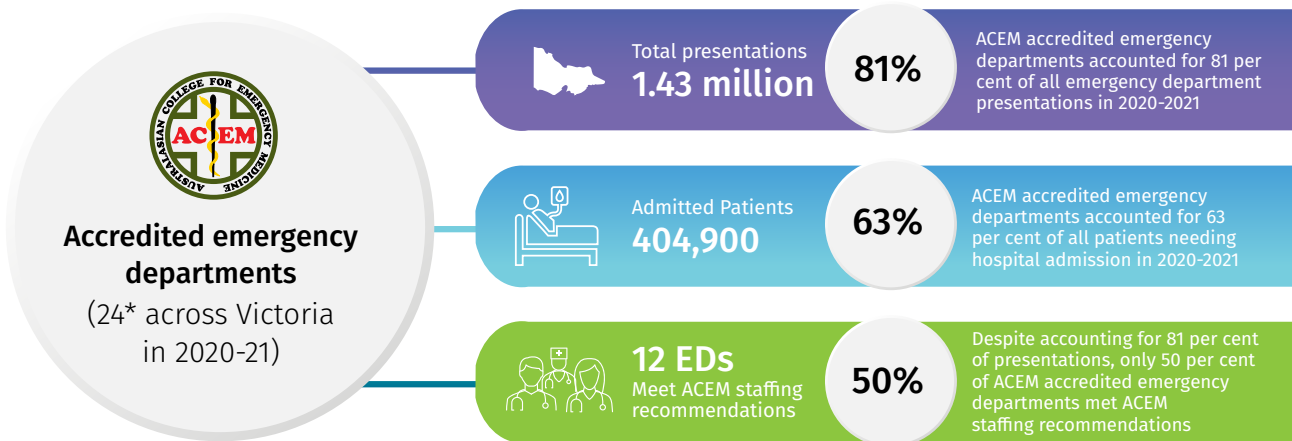


# ACEM accredited emergency departments across VIC

**In 2020-21, ACEM accredited public hospital emergency departments accounted for 81 per cent of all emergency department presentations across VIC. However, only 50 per cent of these emergency departments met ACEM’s minimum recommendation for a senior emergency medicine workforce, with marked differences across hospital peer groups.**

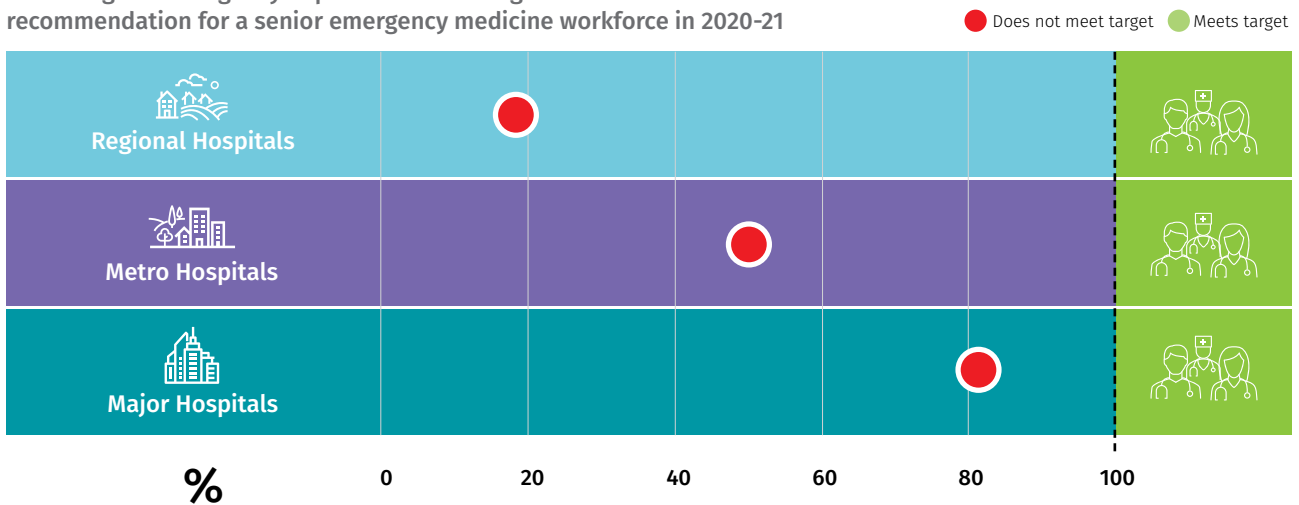
When looking at ACEM accredited emergency departments across public hospital peer groups in 2020-21, 83 per cent of major hospital emergency departments met ACEM’s minimum recommendations in VIC. In contrast, 50 per cent

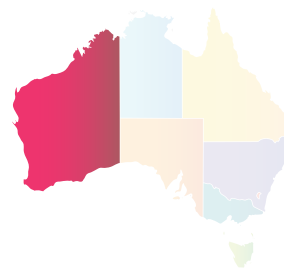
of metropolitan hospital emergency departments met ACEM’s minimum recommendations, while only 17 per cent of regional hospital emergency departments met ACEM’s minimum recommendations.



\* excludes one specialist public hospital emergency department that could not be assessed against ACEM’s recommendation

Percentage of emergency departments meeting ACEM’s minimum recommendation for a senior emergency medicine workforce in 2020-21





## Western Australia

Across public hospital emergency departments in Western Australia (WA) there were **379 presentations per 1,000 population (over 997,000 total presentations)** in 2020-21. The **11 per cent increase in total emergency department presentations since 2016-17 was greater than population growth over this period (10 per cent).**



### People presenting with mental health or behavioural problems

Have increased from **86 per day** across WA in 2016-17 to **106 per day** in 2020-21, accounting for **four per cent** of all emergency department presentations.



### Aboriginal and Torres Strait Islander presentations

In WA, Aboriginal and Torres Strait Islander people were more likely to access emergency department services in 2020-21, accounting for **three per cent** of the total population yet representing **11 per cent** of all emergency department presentations.



### Left before treatment

**Five per cent** of all people coming to emergency departments either did not wait for treatment or left at their own risk in 2020-21, a **39 per cent** increase from 2016-17.



### Aged over 65

In WA, people aged 65 or older are more likely to access emergency department services, accounting for **16 per cent** of the total population yet representing **19 per cent** of all presentations in 2020-21.



### Hospital admission

**25 per cent** of all presentations required hospital admission in 2020-21, and it took almost **11 hours** for most (90 per cent) admitted patients to depart the emergency department. Based on the latest research, ACEM recommends that 90 per cent of patients who require hospital admission should spend no more than eight hours in an emergency department.



### Available beds

Between 2016-17 and 2020-21, the number of presentations per 1,000 population requiring hospital admission increased by nine per cent. Over the same period, the number of available hospital beds per 1,000 population increased by two per cent.



# How long are WA patients staying in emergency departments?

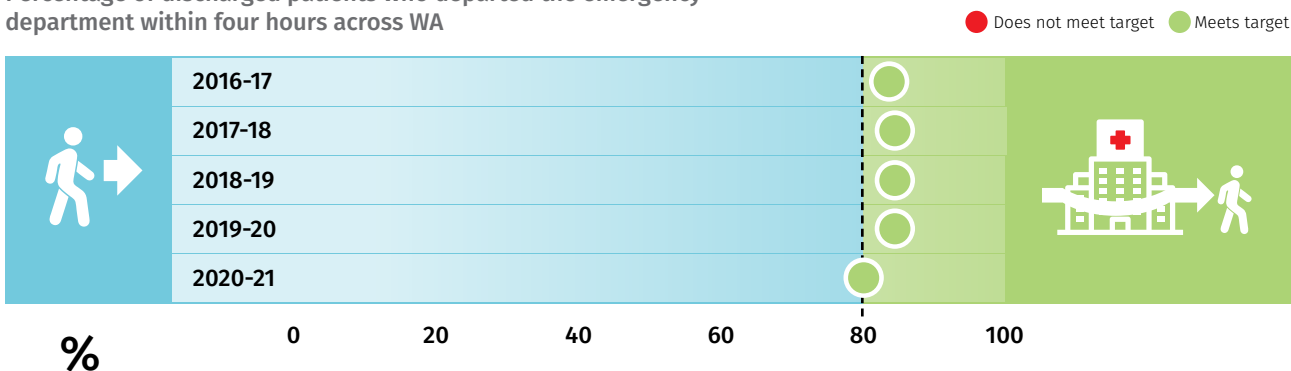
Across public hospital emergency departments in WA, the length of stay for patients who require admission to hospital is markedly longer than it is for those who were discharged (not subsequently admitted to hospital). In 2020-21, it took over five hours longer for admitted patients to depart the emergency department when compared to discharged patients.

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

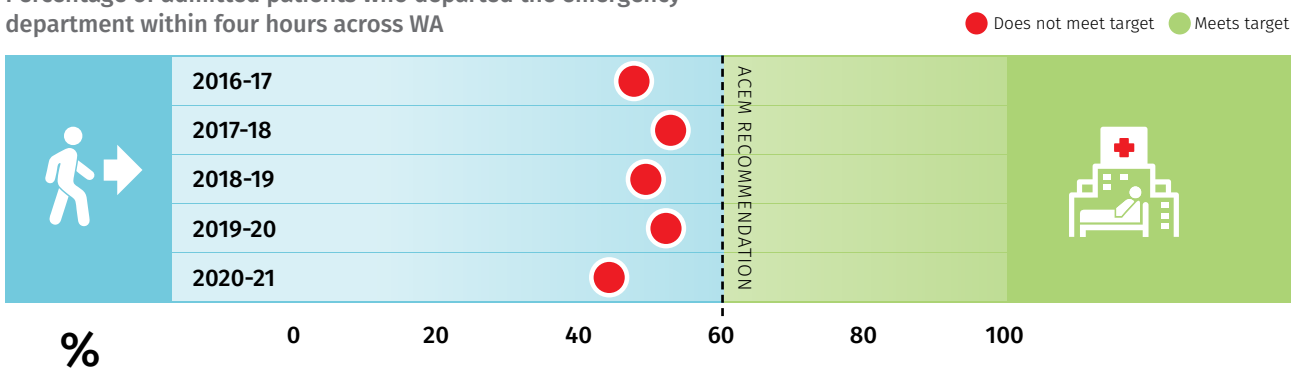
Emergency departments across WA have been meeting ACEM’s recommendation for discharged patients from 2016-17 to 2020-21, with 80 per cent of all discharged patients departing the emergency department within four hours of arrival. For patients subsequently admitted to hospital in WA, 43 per cent departed the emergency

department within four hours of arrival in 2020-21, a decrease from 49 per cent in 2016-17. From 2016-17 through to 2020-21, WA emergency departments were not able to meet ACEM’s recommended target for admitted patients departing within four hours of arrival.

Percentage of discharged patients who departed the emergency department within four hours across WA



Percentage of admitted patients who departed the emergency department within four hours across WA



# How long are WA patients staying in emergency departments?

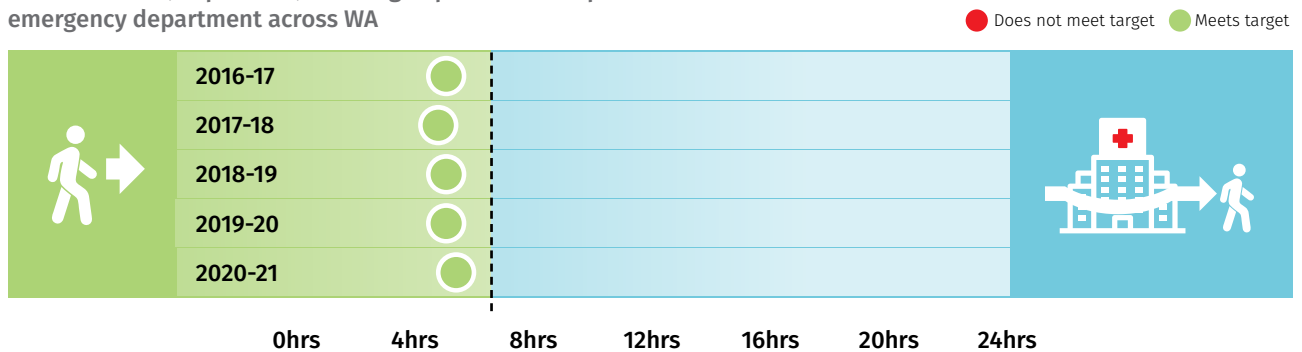
Across WA public hospital emergency departments there was a marked difference in the time taken for most (90 per cent) discharged patients to depart the emergency department when compared to patients requiring hospital admission from the emergency department.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

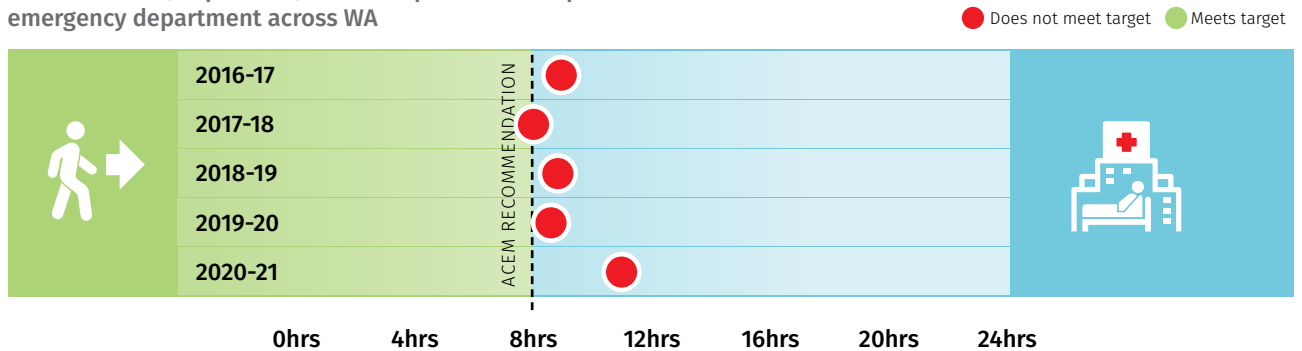
For discharged patients (patients not subsequently admitted to hospital), it took five hours 37 minutes for most (90 per cent) patients to leave the emergency department in 2020-21. In contrast, for admitted patients (patients subsequently admitted to hospital) it took 10 hours 59 minutes for most (90 per cent) patients to leave - almost twice as long than discharged patients. From 2016-17 through to 2020-21, WA emergency departments

met ACEM's recommended Hospital Access Target for most (90 per cent) discharged patients to depart the emergency department. In contrast, emergency departments across WA were unable to meet ACEM's recommended Hospital Access Target for most (90 per cent) admitted patients to depart the emergency department.

Time for most (90 per cent) discharged patients to depart the emergency department across WA



Time for most (90 per cent) admitted patients to depart the emergency department across WA



# WA patient length of stay, by hospital peer group

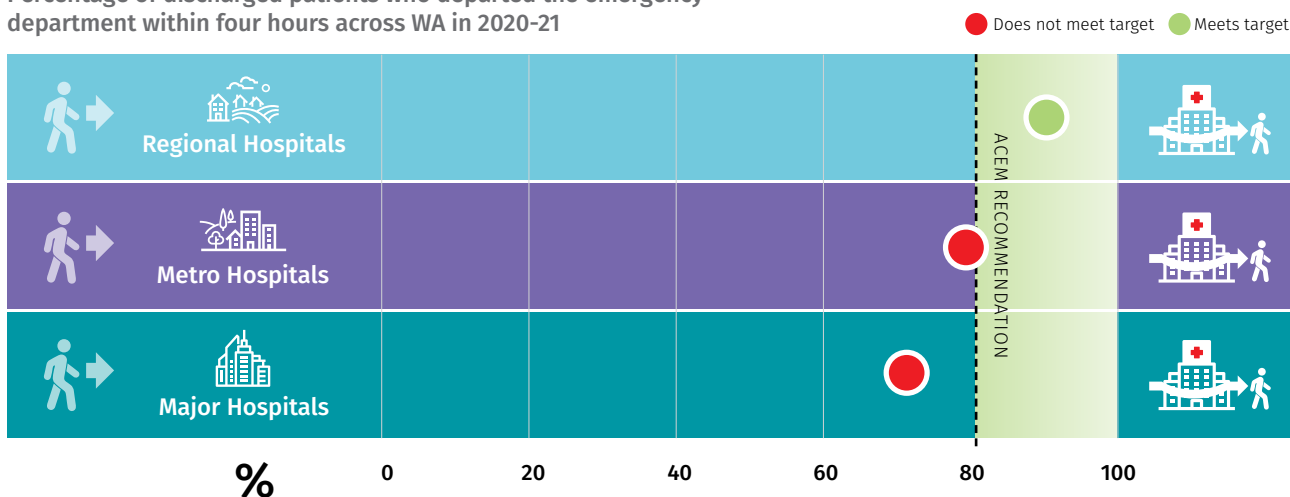
Just as all emergency department patients are not the same, not all public hospital emergency departments are the same. Peer group comparisons allows for analysis across similar hospitals based on shared characteristics.

## ACEM recommendation for the percentage of patients departing the emergency department within four hours

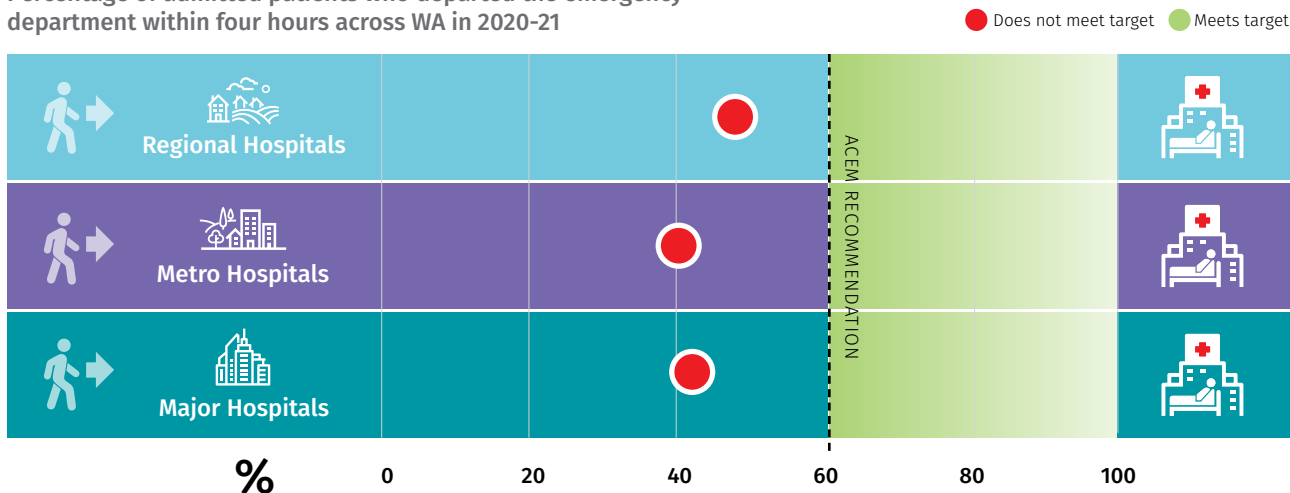
For discharged patients, only emergency departments in regional hospitals were able to meet ACEM’s target for discharged patients, with 89 per cent of all discharged patients departing within four hours in 2020-21. Emergency departments in metropolitan hospitals (78 per cent) and in major hospitals (72 per cent) were unable to meet ACEM’s target for discharged patients departing the

emergency department within four hours of arrival. In contrast, for admitted patients, emergency departments in regional hospitals (48 per cent), metropolitan hospitals (41 per cent), and major hospitals (43 per cent) did not meet ACEM’s recommended target for admitted patients departing within four hours in 2020-21.

Percentage of discharged patients who departed the emergency department within four hours across WA in 2020-21



Percentage of admitted patients who departed the emergency department within four hours across WA in 2020-21



# WA patient length of stay, by hospital peer group

Peer group comparisons also allows for analysis across similar hospitals based on shared characteristics when it comes to the time for most (90 per cent) patients to depart the emergency department. Across WA peer groups, it took over four hours longer for most (90 per cent) admitted patients to depart the emergency department in 2020-21.

## ACEM recommendation for most (90 per cent) patients departing the emergency department

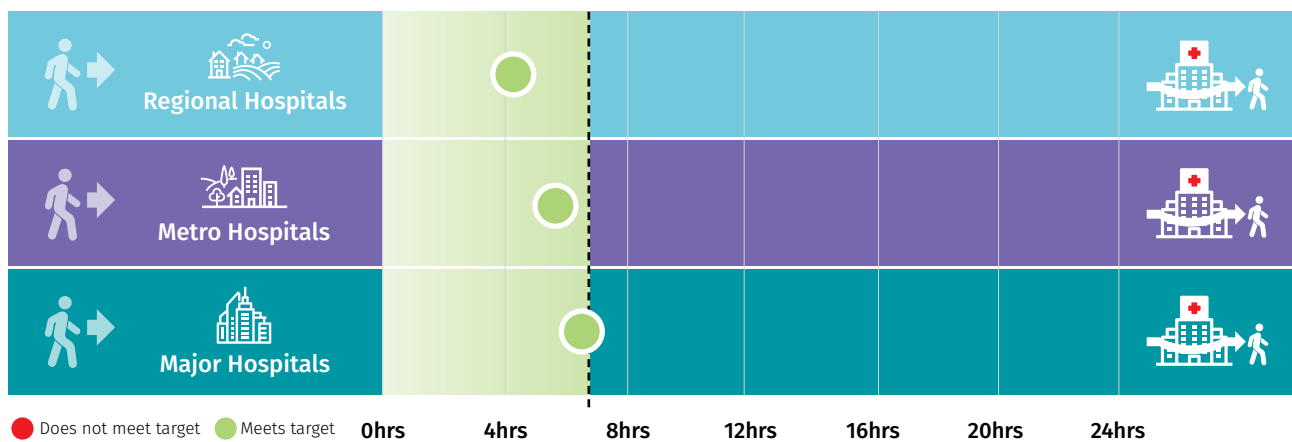
**For discharged patients (patients not subsequently admitted to hospital) in 2020-21 it took:**

- Four hours 15 minutes for most (90 per cent) patients to leave regional hospital emergency departments.
- Five hours 43 minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- Six hours 26 minutes for most (90 per cent) patients to leave major hospital emergency departments.

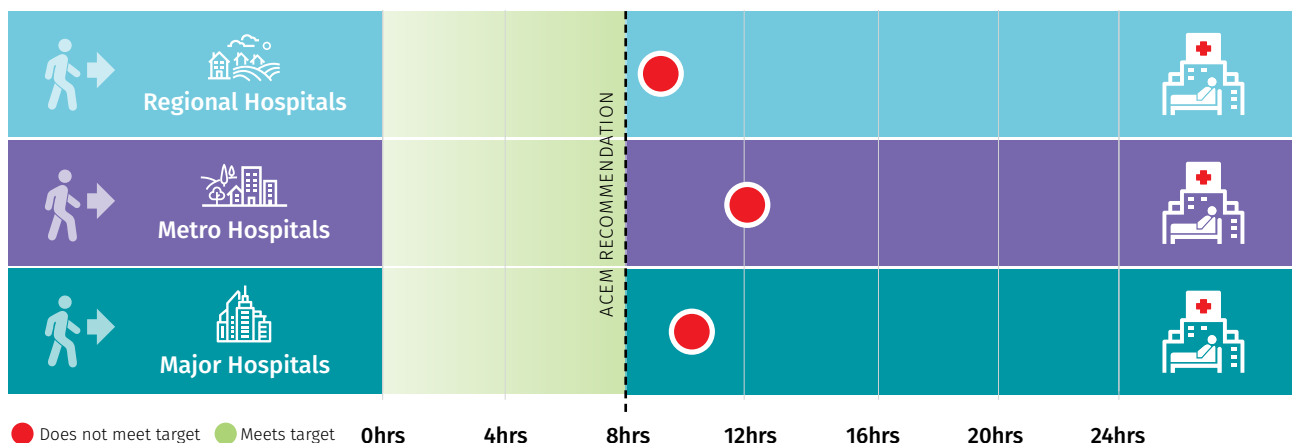
**For admitted patients (patients subsequently admitted to hospital) in 2020-21 it took:**

- 9 hours one minute for most (90 per cent) patients to leave regional hospital emergency departments.
- 12 hours four minutes for most (90 per cent) patients to leave metropolitan hospital emergency departments.
- 10 hours 27 minutes for most (90 per cent) patients to leave major hospital emergency departments.

Time for most (90 per cent) discharged patients to depart emergency department across WA in 2020-21



Time for most (90 per cent) admitted patients to depart emergency department across WA in 2020-21

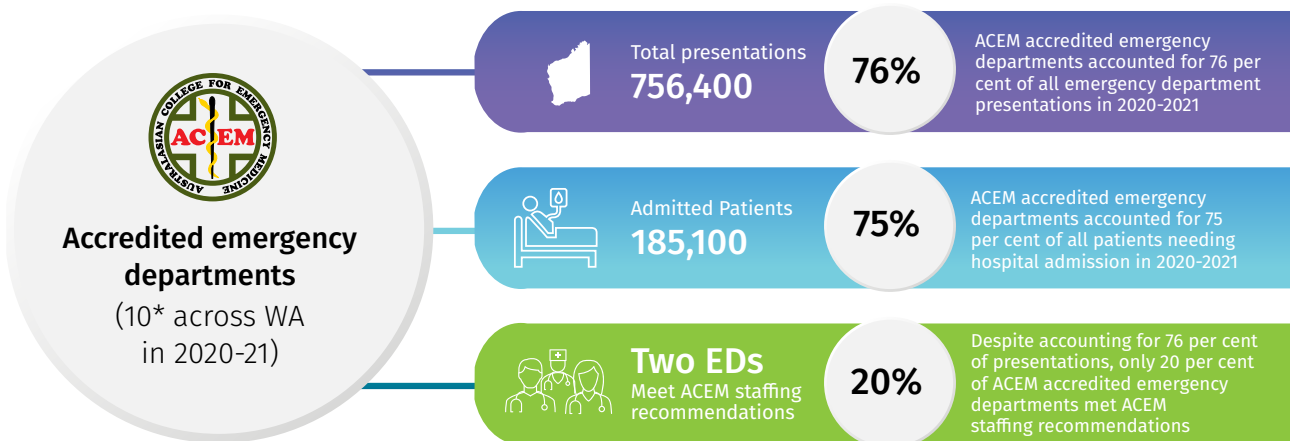


# ACEM accredited emergency departments across WA

In 2020-21, ACEM accredited public hospital emergency departments accounted for 76 per cent of all emergency department presentations across WA. However, only 20 per cent of these emergency departments met ACEM’s minimum recommendation for a senior emergency medicine workforce, with marked differences across hospital peer groups.

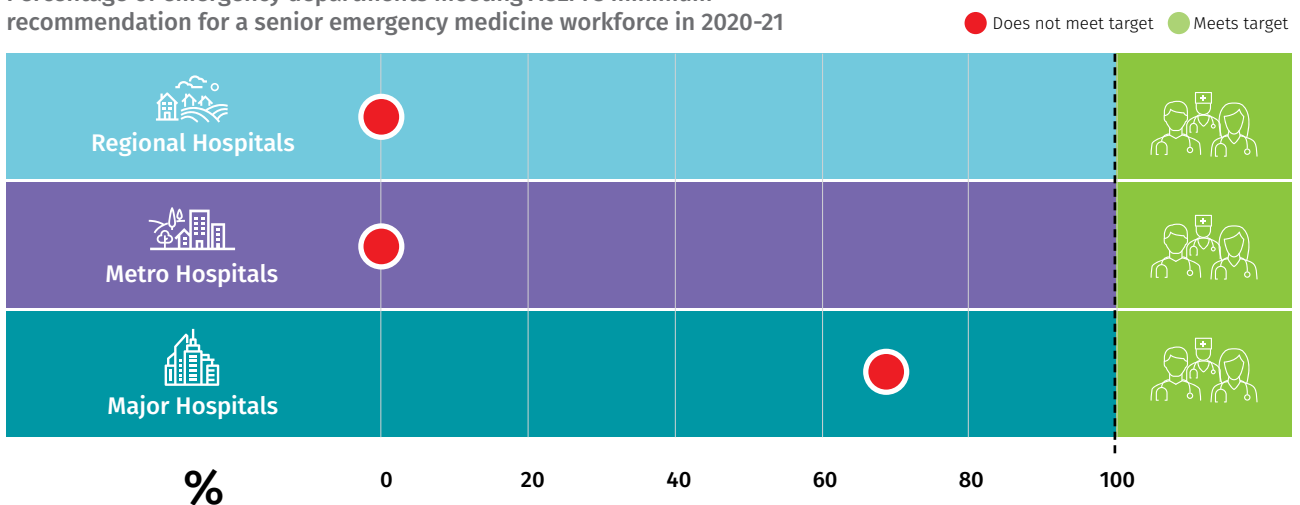
When looking at ACEM accredited emergency departments across public hospital peer groups in 2020-21, 67 per cent of major hospital emergency departments met ACEM’s minimum recommendations in WA. In contrast,

no metropolitan hospital or regional hospital emergency departments met ACEM’s minimum recommendations.



\* excludes one specialist public hospital emergency department that could not be assessed against ACEM’s recommendation

Percentage of emergency departments meeting ACEM’s minimum recommendation for a senior emergency medicine workforce in 2020-21



## Summary

**As one of the few parts of the healthcare system where people can always seek care, at all hours of the day and night, without cost, emergency departments are particularly vulnerable to gaps or issues in other parts of the system. When the system as a whole is not working as it should, additional pressure, overcrowding and dysfunction occurs in emergency departments, putting patient safety at risk.**

Public hospital emergency departments are busier than ever before. Across Australia and in almost every State and Territory, 2020-21 saw the highest number of emergency department presentations ever recorded, while the increase in emergency department presentations over the past five years has exceeded population growth. In addition:

- Relative to their population across Australia, older people (those aged over 65) and Aboriginal and Torres Strait Islander Peoples are accessing services provided in public hospital emergency departments at a greater rate.
- Across Australia, a significant proportion (almost 40 per cent) of public hospital emergency department presentations occur outside of standard hospital business hours.
- People with mental health and behavioural problems account for four per cent of all emergency department presentations.
- There is a clear difference between the journey for those who require hospital admission from the emergency department, compared to those who are discharged home. The emergency department length of stay for people requiring hospital admission is markedly longer than for those who are discharged home from the emergency department.
- Data from ACEM accredited public hospital emergency departments indicate that less than 30 per cent of emergency departments across Australia meet ACEM's recommendations for a senior emergency medicine workforce.
- Data from ACEM accredited public hospital emergency departments indicate a clear difference between the senior emergency medicine workforce in regional, metropolitan, and major public hospital emergency departments.

**We need more investment in healthcare, and a system wide assessment of the patient journey, with a commitment to redesigning processes to ensure that people do not become 'stuck' at any point of their healthcare experience.**

## What we need

**Fixing the healthcare workforce requires a strategic, long-term, whole-of-system, nationwide approach. Wide-spread health reform is a massive but necessary undertaking – we need leaders who will stand up for health and can bring all parts of the healthcare system together to reimagine a better, more equitable way of doing things.**

### Recognise the different patient journeys

We need to move away from the ‘one size fits all’ model of care, which fails to account for the markedly different journey of people who require hospital admission from the emergency department versus people who are discharged home. Removing barriers to patient flow and reducing hospital occupancy are both required to ensure more efficient, effective, and safer care, in particular for those people who require hospital admission.

### Health equity for Aboriginal and Torres Strait Islander Peoples

ACEM’s vision for reconciliation is that Australian emergency departments deliver quality, acute healthcare that is culturally safe, resulting in health equity for Aboriginal and Torres Strait Islander Peoples who seek emergency care. Aside from being overrepresented in public hospital emergency departments, Aboriginal and Torres Strait Islander Peoples are more likely to leave emergency departments before being seen or before their care is complete. Aboriginal and Torres Strait Islander Peoples who require hospital admission also spend longer in emergency departments.

### Better healthcare for older persons

Too often, older people needing medical care get stuck in ambulance queues, waiting rooms or emergency departments when they should be receiving the care that they need where they live – in their home, residential aged care facility or in the community – or in a hospital ward. Older Australians must have access to high quality primary and acute healthcare that meets their needs, reflects their health priorities, and occurs where they want it, when they need it.

### Better rural, regional and remote healthcare

Too often, there is a lack of available and affordable primary and specialised care in rural, regional and remote settings. This can cause people who live outside of city areas to have poorer health outcomes, meaning they will often end up in emergency departments because they couldn’t get the care they needed elsewhere.

### Specialist disability accommodation through the National Disability Insurance Scheme (NDIS)

Across Australia, people with disability are stuck living in hospital wards because, even though they have an approved NDIS plan, there is no suitable place for them live, nor appropriate services available. Or, they are facing lengthy delays for their NDIS plan to be approved in the first place. Improving NDIS service delivery will help ensure hospital beds are available for people requiring hospital care, including other people with disability, which will then improve the quality of care and experience in the emergency department.

### Senior emergency medicine workforce

Research has shown that emergency medicine specialists (Fellows of ACEM; FACEMs) and other senior decision-makers with specific emergency medicine training have a significant impact on emergency department performance and clinical safety when compared to junior doctors. The availability of FACEMs and senior decision-makers to provide effective supervision is a major limitation in expanding the numbers of junior doctors. Health services should plan appropriate and sustainable staffing models that are in line with ACEM’s guidelines on constructing and retaining a senior emergency medicine workforce.

### Better mental health support

Emergency departments play a vital role in addressing the needs of people who have nowhere else to go due to the lack of alternate and more appropriate mental healthcare options, particularly out-of-hours. The current system is highly fragmented and unsustainable. More needs to be done in the community to avoid the types of crises that precipitate a visit to the emergency department, and more appropriate, timely treatment options are needed to minimise the time that people seeking mental health care wait in the emergency department.

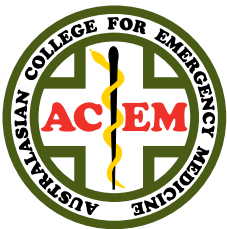


## References and Acknowledgements

The following references and resources were utilised for this report:

- Australasian College for Emergency Medicine. A new approach to time-based targets and why we need one. ACEM; 2021. Available from: [https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Better-Outcomes-for-Patients/Access-Block-\(1\)/Hospital-Access-Targets](https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Better-Outcomes-for-Patients/Access-Block-(1)/Hospital-Access-Targets)
- Australasian College for Emergency Medicine. Annual site census 2021. Melbourne: ACEM; 2022.
- Australasian College for Emergency Medicine. Guideline on constructing and retaining a senior emergency medicine workforce. Melbourne: ACEM; 2021. Available from: <https://acem.org.au/getmedia/91f69ba9-67be-4841-acc9-5df62986498c/G23-Guidelines-for-constructing-a-senior-EM-workforce>
- Australasian College for Emergency Medicine. Policy on standard terminology. Melbourne: ACEM; 2021. Available from: [https://acem.org.au/getmedia/e5cf7ac4-dae5-4193-be9a-6746b0d85009/Policy\\_on\\_Standard\\_Terminology](https://acem.org.au/getmedia/e5cf7ac4-dae5-4193-be9a-6746b0d85009/Policy_on_Standard_Terminology)
- Australian Bureau of Statistics. National, state and territory population. Canberra: ABS; 2021 [December 16, Version: 31010do002\_202106]. Available from: <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/sep-2021#states-and-territories>
- Australian Bureau of Statistics. Aboriginal and Torres Strait Islander Communities. Canberra: ABS; 2022. Available from: <https://www.abs.gov.au/statistics/people/people-and-communities/snapshot-australia/latest-release#aboriginal-and-torres-strait-islander-communities>
- Australian Institute of Health and Welfare. Emergency department care 2016-17: Australian hospital statistics. Canberra ACT: AIHW; 2017. Available from: <https://www.aihw.gov.au/reports/hospitals/ahs-2016-17-emergency-department-care/contents/table-of-contents>
- Australian Institute of Health and Welfare. Emergency department care 2020-21: Australian hospital statistics. Canberra ACT: AIHW; 2021. Available from: <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>
- Australian Institute of Health and Welfare. Emergency department multilevel data. Canberra: AIHW; 2022 [January 25, Version: 2022012502]. Available from: <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>
- Australian Institute of Health and Welfare. Hospital resources 2016-17: Australian hospital statistics. Canberra: AIHW; 2018. Available from: <https://www.aihw.gov.au/reports/hospitals/ahs-2016-17-hospital-resources/summary>
- Australian Institute of Health and Welfare. Hospital resources 2020-21: Australian hospital statistics. Canberra: AIHW; 2022. Available from: <https://www.aihw.gov.au/reports-data/myhospitals/sectors/admitted-patients>
- Jones PG, van der Werf B. Emergency department crowding and mortality for patients presenting to emergency departments in New Zealand. *Emerg. Med. Australas.* 2021;33(4):655-664. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/1742-6723.13699>
- Lim JCJ, Harrison G, Raos M, Moore K. Characteristics of Aboriginal and Torres Strait Islander peoples attending Australian emergency departments. *Emerg. Med. Australas.* 2021;33(4):672-678. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/1742-6723.13701>
- Mallows J. Effects of staff grade, overcrowding and presentations on emergency department performance: A regression model. *Emerg. Med. Australas.* 2022;34(2):341-346. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/1742-6723.13889>

**We would like to acknowledge the Chair and Deputy Chair of ACEM's Health System Reform Committee, and members of ACEM's Council of Advocacy, Practice and Partnerships for their review and approval of this report.**



**Australasian College for Emergency Medicine**  
34 Jeffcott Street  
West Melbourne VIC 3003  
Australia  
+61 3 9320 0444  
[policy@acem.org.au](mailto:policy@acem.org.au)

**[acem.org.au](http://acem.org.au)**